CMLA
Commission for Motion Laboratory Accreditation, Inc

Clinical Motion Laboratory Accreditation Application Form

Date: _____

Laboratory name:_____

Laboratory affiliation (Hospital, University, Medical School, etc.):
If none, indicate free standing.
_____

Laboratory mailing address:
_____
_____
_____
_____

Date laboratory opened: _____
Date 3-D kinematic studies initiated: _____

Contact person: (include telephone; FAX; e-mail contact information and mailing address if different from above):
_____
_____

Responsible party and person submitting application:
Affidavit to be completed by the responsible party of the application:

___ I hereby affirm that I have completed all application documents accurately and truthfully.
___ I hereby affirm that this application is to be HIPPA compliant.
___ I further understand that any incorrect information or omission of information may result in the application materials not being reviewed.
___ I further understand and agree that the application review fee is not refundable. (Even if a lab is not accredited.)
___ I further understand and agree that if accreditation is not approved, I will have opportunity to offer more information, for up to one year, before a new application is required.
___ I further understand that this accreditation is valid for a period of three (3) years.
___ I understand that upon notification of receipt of accreditation, our name and identifying information will be included on the CMLA website (www.cmlainc.org) and a certificate of accreditation.

_____

Name (Printed or Typed) **Title** **Signature** **Date**

Part 1: Administration and Personnel:

1. Provide a summary statement of the scope, purpose, and mission of the Laboratory.

2. Submit a table, as structured below, summarizing staff experience and qualifications to include the following:

    a. Name & credentials (professional degrees)
    b. Job title or position. If an individual has only research responsibility, list separately from clinical commitment.
    c. Evidence of current CPR/BLS certificates for Laboratory personnel who have direct patient contact. **Attach as Appendix A.**
    d. Type of clinical job responsibility. Indicate if responsibility includes
        i. physical examination
        ii. marker placement
        iii. electrode placement (surface EMG)
        iv. invasive procedures (fine-wire EMG)
        v. data collection
        vi. data reduction (e.g. tracking, event identification)
        vii. data interpretation
        viii. clinical recommendation
    e. Percent FTE in Laboratory (average time working in Lab per week). Designate percentage of time spent in clinical versus other responsibilities such as research.
    f. Years of experience working in gait analysis
    g. Specialty certifications (if any)

For medical/clinical personnel also include:

    h. Medical/Clinical specialty
    i. State of license(s) or registrations
    j. Licensure number(s)

If your state provides on-line verification of licensure, submit a copy of the on-line verification from the website of your state Board of Medicine or Board of Physical Therapy for each staff member who has licensure. If your state does not have online verification of licensure, or for other types of certifications, please include a copy of your current active licensure certificate or certification. Attach verifications as **Appendix B.**

Name & Credentials	Job Title	CPR or BLS	Clinical Job Responsibility	% FTE	Years Exp. in Gait Analysis	Certifications	Medical Specialty	State of License	License Number
Jim Bone, MD	Director	CPR	i-iv,vii,viii	.5 clinical .5 research	11	Fine Wire EMG	Ortho.	AL	0112

3. Components of clinical motion analysis

    a. Define the components that comprise a “full diagnostic clinical motion study” in your Laboratory. Can the technical components of the evaluation (motion, forces, EMG) be collected simultaneously? Are data routinely collected in this fashion? Explain.

    b. Submit a table, as structured below, that includes the total number of complete clinical patient studies* performed in the last full calendar year which were not part of solicitation for research.

Provide a list of the diagnoses of the patients seen and the approximate percentage of patients in each category.

*Minimum requirements to be categorized as a complete clinical patient study include: physician referral, physical examination, collection of 3-D kinematics and interpretation including physician recommendations.

Calendar Year	**mmddyyyy - mmddyyyy**	
Diagnosis	**Number**	**Percentage**
Diagnosis 1	Number	% of total
Diagnosis n	Number	% of total
Total	**Total**	**Total**

c. Describe the referral process for a clinical motion study in your Laboratory. Does evaluation in your Laboratory include a physician visit? **Include copy of referral form as Appendix C if one is used in your Lab.**

4. Describe mechanisms used to assess consumer satisfaction in the following areas of:
   a. patient/family
   b. referral sources
   Include copies of surveys used for a and b above as **Appendix D**. If neither exists, indicate so.

5. Procedures, quality assurance and competency.
   a. Provide evidence of documentation of technical and clinical procedures used at your facility. Include the appropriate sections from a document or manual as the following appendices:

      i. physical examination **(Appendix E)**
      ii. marker placement **(Appendix F)**
      iii. electrode placement (surface and fine-wire) **(Appendix G)**
      iv. invasive procedures (fine-wire EMG) **(Appendix H)**
      v. data collection (**Appendix I**)
      vi. data reduction (e.g. tracking, event identification) (**Appendix J**)

   b. Describe the process used for data interpretation.

   c. Describe the process used for clinical recommendation.

   d. Describe any Quality Assurance Programs in place for areas listed in 5a-c above. List each area separately and describe.

   e. Describe methods of maintaining consistency within and between personnel for areas listed in 5a-c above. List each separately and describe.

   f. Describe methods of assessing competency (initial and continued) for Laboratory personnel for areas listed in 5a-c above. List each area separately and describe.

6. Safety policies & personnel competencies.
   a. Provide evidence of established policies (including date of approval) in the following areas. Attach as appendices as indicated.

      i. local building safety codes/procedures (**Appendix K**)
      ii. environmental safety (including but not limited to hazards communication program) (**Appendix L**)
      iii. emergency medical procedures & first aid (**Appendix M**)
      iv. age-specific patient care services for all personnel involved in data collection (**Appendix N**)
      v. infection control policies (**Appendix O**)

   b. How is personnel competency maintained in each of the above areas (i-v)? Provide evidence of completed competencies with expiration dates (**Appendix P).**

7. Submit a table, as structured below, listing accrediting organizations that have assessed your facility in the past three years, where the Laboratory was directly involved in the accreditation process (JCAHO, CARF, etc.). (If none, write NONE under the organization column). In the table include status of accreditation and dates of accreditation approval and expiration. Attach evidence of all current accreditation(s) in **Appendix Q.**

Organization	Accreditation Status	Date of Approval	Date of Expiration
JCAHO	current	3/2007	2/2010

Part 2 Equipment & Data Collection

1. Provide a scaled diagram of the physical layout of your lab including perimeter dimensions & equipment placement. A photograph may be included, but does not substitute for the diagram requested. Attach as **Appendix R**.

2. Submit a table, as structured below, describing the equipment in current use for routine clinical data collection (as described in Part 1, Question 3a). Include any components used for synchronization between systems. Include the style of surface and fine wire electrodes used. System description must include, where applicable:

   a. quantity of cameras, force plates, & channels of EMG
   b. resolution
   c. sample rate capability & the sample rate used for data collection
   d. analog data sample rates
   e. marker/electrode size
   f. filters/cut-off frequencies
   g. size of fine wire needles and composition of wire

Equipment Purpose	Manufacturer /Company	Product Version/ Name	Model Number	Webpage reference*	System Description	Date of Purchase
Kinematics						
Kinetics						
EMG						
…						
Video System						
Energy Expenditure						
Plantar Pressures						
…						
All equipment for routine data collection						

* if available

3. Describe the calibration procedure and volume for the motion capture system and how often this apparatus is calibrated (Please include manufacturer's calibration recommendations). Describe the procedures used to assess accuracy (validity) and precision (repeatability) of the marker or target identification and the frequency each procedure is performed. Attach example data from these procedures in **Appendix S**.

4. Describe the calibration procedures for all equipment used for routine clinical data collection as described in Part 1, Question 3a, other than the motion capture system. Include how often each system is calibrated in the description. Please include manufacturer's calibration recommendations for comparison. Describe the procedures used to assess accuracy (validity) and precision (repeatability) for each system, and the frequency each procedure is performed. Attach example data from these procedures in **Appendix T**.

5. Describe the marker set and biomechanical model used for calculating kinematic and kinetic variables. Describe the relative strengths and weaknesses of the model used, including sources of error.

Part 3: Data Processing/Data Management/Reporting

1. Describe the software program used for kinematic, kinetic and EMG data reduction including information about how errors are identified and resolved in initial processing (filling trajectory gaps, occluded markers, etc.), and details of how gait events are identified. Give an assessment of its strengths and weaknesses.

2. Describe the control (normative) dataset used for kinematics (including temporal-distance parameters), kinetics & EMG. For each system indicate the facility where the data was collected and when it was collected. For kinematic and kinetic data only also describe the marker set, type and model of the kinematic system, type and model of force plate system used for collection of this dataset.

   Submit a table, as structured below, regarding specifics of the individuals in this data set. Describe how the data was averaged, the number of gait cycles used per patient and how the standard

deviation was assigned. Is the equipment, marker set and testing protocol the same as is used currently for patient testing?
If you are using control kinematic and kinetic data supplied by the manufacturer or collected at another facility, please describe how you have verified the consistency and validity of the data for use with the protocols and equipment you are currently using for collection of clinical data.

Age (in year increments)	Number of Subjects	Male	Female
Age1	#	#	#
Age n	#	#	#
Total	**Total**	**Total**	**Total**

Attach control kinematic and kinetic data as **Appendix U.**
Attach control EMG data as **Appendix V.**
Attach control Temporal-distance Data as **Appendix W** if separate from kinematic and kinetic data.

3. Clinical Data & Reporting
   a. Submit a HIPPA compliant copy of a full data set (physical exam, kinematics, kinetics, and EMG) of a clinical patient. [Reference to this clinical patient should be maintained by the Laboratory in the case further information is requested.]

   b. Submit the descriptive, clinical report of the patient for which the data set was submitted above (and the interpretive report if two documents are used).

   Attach both components in **Appendix X**.

4. Data Management/Confidentiality
   a. Submit a table, as structured below, to describe the procedures for data management (raw data, processed data, video, clinical data/reports, clinical history/questionnaires, physical examination) of all elements collected and produced as part of routine data collection (Part 1 Question 3a). For each type of data, include each area indicated. Include how patient confidentiality is maintained for both internal and external sources.

Data Element	Location	Back-Up Mechanisms	Security Measures	Patient Confidentiality Measures	Duration of Back-Up
Kinematic/Kinetic/EMG **Energy Expenditure** **Plantar Pressures**					
raw data	First stored on local hard drive of collecting computer; then to network file server	Network file server is backed up daily. Copied separately to an off-site location daily	Back-up occurs in non-browse able format. Password protected	Per Information System Policies; non-browseable format	indefinitely
processed data					
Video					
Clinical History/Questionnaire					
Physical Examination					
Clinical Files					

b. Provide evidence of established policies regarding data back-up procedures, security measures, and patient confidentiality, including date of approval, in the following areas. Attach as appendices as indicated:

i. Information Systems **(Appendix Y)**
ii. Protected Health Information (**Appendix Y)**
iii. Medical Records or Health Information **(Appendix Y)**

c. How is personnel competency maintained in each of the above areas (i-iii)? Provide evidence of completed competencies with expiration dates. (**Appendix Z)**

END OF APPLICATION