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भारतीय आयुर्विज्ञान परिषद्
MEDICAL COUNCIL OF INDIA

PG Com. dt. 18/04/2017
No. MCI-259(22)/2017-Med/

Item No. 27

Date:

The Secretary to the Govt. of India,
Ministry of Health & F.W.,
Nirman Bhawan,
New Delhi - 110011

Subject: Dr. NTR University of Health Sciences, Vijayawada, Andhra Pradesh - Recognition of MS(Orthopaedics) qualification for 02 seats in respect of students being trained at Shadan Institute Of Medical Sciences, Hyderabad.

Sir/ Madam,

I am directed to state that the Postgraduate Medical Education Committee of this Council at its meeting held on 18/04/2017 considered the Compliance Verification Assessment Report (06/03/2017) along with the Council Assessor's Report (May, 2015, 22.04.2016) and compliance dated 24/10/2016 submitted by the college authorities on the standard of examination and other teaching facilities for Recognition of MS(Orthopaedics) qualification for 02 seats at Shadan Institute Of Medical Sciences, Hyderabad granted by Dr. NTR University of Health Sciences, Vijayawada, Andhra Pradesh and decided as under:-

"The Postgraduate Medical Education Committee considered the Compliance Verification Assessment Report (06/03/2017) along with the Council Assessor's Report (May, 2015, 22.04.2016) and compliance dated 24/10/2016 submitted by the college authorities and decided to recommend to the Central Government that MS(Orthopaedics) qualification for 02 seats granted by Dr. NTR University of Health Sciences, Vijayawada, Andhra Pradesh in respect of students being trained at Shadan Institute Of Medical Sciences, Hyderabad be recognized and included in the 1st Schedule to the I.M.C. Act, 1956.

The Postgraduate Medical Education Committee further decided that the recognition so granted shall be for a maximum period of 5 years from the date of Notification upon which the Institute shall have to apply for renewal of recognition. Failure to seek timely renewal of recognition as required shall invariably result in stoppage of admission to the Postgraduate Course."

You are therefore requested to notify the above qualification at the earliest.

A copy of assessment report is enclosed herewith.

Date/ Year of starting the course: 2012

Date/ Year of examination of the first batch: 2015

Yours faithfully,

(Dr. Arti Sharma)
Deputy Secretary

Endst No.:MCI-259(22)/2017-Med/

115412

Date:

04/06/17

Copy forwarded for information and necessary action to: -

1. The Dean/ Principal, Shadan Institute of Medical Sciences, Research Centre and Teaching Hospital, Peerancheru, Himayath Sagar Road, Hyderabad - 500008, Andhra Pradesh.
2. The Registrar, Dr. N.T.R. University of Health Sciences, Vijaywada - 520008, Andhra Pradesh.
3. The Director Medical Education, Sulttan Bazar, Koti., Hyderabad-500195, Andhra Pradesh.
4. Computer Section of the Council for uploading on MCI website.

(Dr. Arti Sharma)
Deputy Secretary

114

24.5.2016
49
27

**STANDARD ASSESSMENT FORM FOR
COMPLIANCE VERIFICATION OF POST GRADUATE COURSES**

(Report of Compliance Verification will be accepted only in this SAF)

Name of College : Shadan Institute of Medical Sciences, Teaching Hospital & Research Centre.
Subject : Orthopaedics
Purpose of Inspection : Recognition of 2 Post Graduate Degree seats (MS Orthopaedics).
Date of Inspection : 06-03-2017.
Name of the Assessor with mobile number : Dr. Ramesh Krishna K.
Mobile No. : 09845004455.

Note:

1. Please read the SAF carefully before filling it up. Retrospective changes in Data will not be allowed.
2. Do not use Annexures. All information should be provided in SAF at appropriate place earmarked. No Annexures will be considered.
3. Experience details should be supported by experience certificate from competent authority (from the place of work) without which it will not be considered.
4. Full reference of publications(including clarification where the Journal is indexed) should be listed in front of the name to whom benefit of publications in Promotion have been given. If not given, it will not be considered from Annexures. They should also be supported by photocopies of published articles without which they will not be considered. Give only full articles, case reports and abstracts will not be considered.
5. Assessor to give his final remarks at the end of summary in the SAF. No separate confidential letter be sent.
6. Don't add, alter or delete any column of SAF.
7. Dean will be responsible for filling all columns and signing at appropriate places.

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SHADAN INSTITUTE OF MEDICAL SCIENCES
TEACHING HOSPITAL & RESEARCH CENTRE
(A Post Graduate Institute)
Hyderabad - 500 022 A.P. INDIA

(Dr. Ramesh Krishna K.)
MCI Assessor

STANDARD ASSESSMENT FORM FOR COMPLIANCE VERIFICATION OF POST GRADUATE COURSES

(Report of Compliance Verification will be accepted only in this SAF)

Name of College : Shadan Institute of Medical Sciences, Teaching Hospital & Research Centre.

Subject : Orthopaedics

Purpose of Inspection : Recognition of 2 Post Graduate Degree seats (MS Orthopaedics).

Date of Inspection : 06-03-2017.

Name of the Assessor with mobile number : Dr. Ramesh Krishna K.
Mobile No. : 09845004455.

COMPLIANCE VERIFICATION REPORT

1	2	3	4	5
Deficiencies pointed out by PG Committee	Reply Submitted by College Authority	Observation of Assessor on replies submitted by college Authority	Available Faculty on inspection Day	Available Clinical Material on inspection Day (of Department Concerned)
1). Dr. N. Brahma Chary, Asso. Prof. promoted after cutoff date; however no details of his research publications	The promotion of Dr. N Brahma Chary as Associate Professor is done based on the four Research Publications published in MCI approved journals. The details of the same is enclosed.	Verified <i>[Signature]</i> <i>[Signature]</i>	Professor - 2 Associate Professor - 3	Total OPD - 169 Total IPD - 74 Bed Occupancy - 82.22 %

FORM-MCI-15(COMP.VERIFICATION)

<p>are provided; hence it cannot be verified whether his promotion is as per Regulations or not.</p>	1	Scholars Journal of Applied Medical Sciences (SJAMS)	Comparative Study of Management of Fracture Neck of Femur in Elderly Patient by Austin Moors Prosthesis (AMP) Vs Bipolar Hemi Arthroplasty (BHA)	Index Copernicus	Apr-2016	First	<p>Details of Publications (4 Nos) are verified & enclosed. The Temporal publications are as per MCI requirement</p> <p><u>Dr. T. T.</u></p>	Assistant Professor - 5	Total Number of Surgeries -
	2	Annals of International Medical & Dental Research	Functional Outcome Of Distal End of Femur with Locking Compression Plate: A Prospective Study	Index Medicus	Jan-March 2016	Second		Senior Resident - 4	Major Operations - 6
	3	Scholars Journal of Applied Medical Sciences (SJAMS)	A Study of Diaphyseal Fractures of Forearm Bones with Nailing & Plating.	Index Copernicus	2017	First		Junior Resident - 5	Minor Operations - 7
	4	Scholars Journal of Applied Medical Sciences (SJAMS)	A Study of Flap of Limbs in Orthopaedics.	Index Copernicus	2016	First			Day Care Operations - 3
	<p>Hence the deficiency is rectified.</p>								Total Histopath Specimens Sent - 5
								Total Deliveries - 12	
								Total C.S. - 5	
								Total Faculty in the department as per faculty table attached. - 10	

Dr. T. T.

Original Research Article

Comparative Study of Management of Fracture Neck of Femur in Elderly Patient by Austin Moors Prosthesis (AMP) Vs Bipolar Hemi Arthroplasty (BHA)

N Brahma Chary¹, J Ashok Vardhan Reddy²

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Abstract: Fracture neck of the Femur remains as an unsolved problem till today and is a common orthopaedic problem in old age group. Various methods of treatment have been employed since ages but without a universally accepted procedure till today. In our study the advantages of cemented and uncemented Bipolar Hemi Arthroplasty (BHA) over the Austin Moors Arthroplasty (AMP) well documented. Our study conducted in Gandhi Hospital Secunderabad from May 2004 to Oct 2007 retrospectively evaluated patient's records from case files and also called the patients for clinical and radiological follow up. 20 patients with intracapsular fracture neck of the femur were treated with AMP and 20 patients were treated with BMP. In both the categories sub capital and Tran's cervical fractures of the neck of the femur were taken in our study and in both groups 60 - 73 years (average 65.5 years) patients were included. Exclusion criteria are fractures secondary to malignancies, fractures associated with acetabular fractures, shaft femur fractures and fracture dislocations. Clinical and radiological follow up was done for groin and thigh pain, subsidence and loosening of the prosthesis. In results the mean follow up was three years (range six months - three and half years) the Harris Hip Score in AMP is 76.4 (range 74 - 86) and in BHA the HHS 92 (range 80 - 96). According to HHS grade the final outcome was excellent in 94, good in 86 and fair in less than 76 Hips with BHA, excellent in 85, good in 75 and fair in less than 70 Hips with AMP. Hip and groin pain reported in 2 patients in uncemented BHA and 6 patients in AMP but did not limit activity in both the groups. Subsidence of the prosthesis less then 5mm was seen in 8 cases in AMP and none in BHA. 2 cases of protrusio acetabuli were reported in AMP group. In conclusion the Patients with intracapsular neck of the femur treated by cemented BHA or devoid of groin and thigh pain or subsidence / protrusio acetabuli compared to patients treated with AMP who complained of groin and thigh pain due to protrusio acetabuli or loosening and subsidence of the femoral stem.

Keywords: Austin Moors Prosthesis, Bipolar Hemi Arthroplasty, Protrusio Acetabuli and Subsidence of the stem

INTRODUCTION

Management of the Fracture neck of the femur is a challenging for Orthopaedic Surgeons for the years all over the world. Various methods of treatments have been employed but without a universally accepted procedure. BHA is often a versatile and durable solution for fracture neck of the femur like rapid return of function with a pain free hip in addition it is less expensive and easy to perform than Total Hip Arthroplasty[1-3].

The objective of the study is to evaluate the functional outcome of fracture neck of the femur managed by AMP in comparison with BHA. Acetabular

wear is diminished through reduction of total amount of motion that occurs between the acetabular cartilage and metallic outer shell by the inter position of a second low friction inner bearing within the implant. Because of compound bearing surface bipolar designs provide overall range of motion than either unipolar designs or conventional Total Hip Arthroplasty. The unique self centering feature of BHA reduces the chances of dislocation of prosthesis at the extremes of motion and fracture of polyethylene bearing. BHA rests on the cal car and its shoulder abuts the cal car femorale and transmits the stress of weight bearing to the shaft via the cal car. Cement less insertion generally produces strains in the bone that are more physiological than those

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Functional Outcome of Distal End of Femur with Locking Compression Plate: A Prospective Study

J. Ashok Vardhan Reddy¹, N. Brahma Chary²

¹Associate Professor, Department of Orthopedics, MRIMS, Hyderabad, India.

²Associate Professor, Department of Orthopedics, Shadan Medical College, Hyderabad, India.

ABSTRACT

Background: With modern technique of locking compression plate, still it is a great surgical challenge to orthopaedic surgeons as most of these cases have compound injuries with high velocity trauma. **Method:** Our prospective study reviewed 60 cases of distal femoral fractures treated with distal femoral locking compression plates between 2009 and 2014 at Gandhi Hospital Secunderabad. There were 44 men and 16 women with a mean age of 40 years (range 20-70). Fractures were categorized according to MULLERS and GUSTILLO classification. **Results:** The mean follow up period was 12 months (range 18-36). The mean time for radiological union was 12 weeks (range 10-16) at the latest follow up ROM > 100 is noted in 36 patients. **Conclusion:** With modern locking compression plate fixation techniques early mobilisation of the knee can be done even in compound distal femoral fractures. In compound injuries, primary debridement has a great role & primary bone graft always gives better results. Treating the femoral fracture and its fixation is equally important. Follow up and physiotherapy plays a great role.

Keywords: Compression plate, distal femoral fractures, Gustillo, GOROM

INTRODUCTION

Over the centuries from ancient ages to the present age of information technology, industrial and road traffic accidents with high velocity vehicles, Fractures of the distal end of the femur is unstable, compound, comminuted associated with multiple fractures. The incidence is higher in males between 20 to 45 years and females above the age of 60 yrs. These fracture management varied from conservative to the modern technique of using pre-contoured distal locking compression plate. The outcome in the management ends up with stiffness of the knee, shortening, rotational deformities and internal derangement of the knee with knee instability.

fractures. Pathological fractures, bilateral distal femur & floating knees were excluded from the study. 10 patients belong to type A, 18 belongs to type B and 32 belongs to type C Mullers. The ratio of compound to simple found to be 3:1 in our series. 10 patients with open fractures were treated, within 2 weeks after temporary application of external fixator.

Preoperative AP and lateral radiographs of an affected knee with femur were obtained. CT was obtained in suspected intra-articular fractures. All surgeries were carried out at our tertiary trauma centre after Emergency management, compound cases were taken up for primary debridement at the earliest possible time and fixation was done within 2 to 3 weeks. Anterolateral parapatellar approach or lateral approach was used. Intra-articular fracture reduction was obtained and temporarily fixed with multiple K wires. Length of plate was determined intra-operatively after fracture reduction in the minimum length of the plate, which is three times the fracture comminution segment. For proximal fixation, 3 or 4 bicortical screws were used. Minimum of 4 locking screws were used for distal fixation. In 4 cases Hoffas fracture fixation was done with cancellous screws and patellectomy was done in 6 cases. The position of the plate was confirmed under image in both AP and lateral views and no screw passed through the intercondylar notch. Suction drains were used in all patients and was removed after 24 to 48 hrs. Primary bone grafting was performed in 20 cases. Static quadriceps exercises with active hip and knee mobilization were started from the 1st postoperative day. Postoperative radiographs were taken. Follow-up radiographs were taken after 6 weeks, 12 weeks, 6 months, 9 months, and 12 months after surgery. Initially non-weight bearing mobilization was started. Gradual weight bearing was started based on the evidence of bridging

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MATERIALS AND METHODS

This study was to evaluate functional outcome, fracture healing and complications of the distal femur.

The study is a prospective study reviewed 60 cases of distal femoral fractures treated with distal femoral lock in Compression plates between 2009 and 2014 at Gandhi hospital Secunderabad.

There were 44 men and 16 women with a mean age of 40 years (range 20-70). Fractures were categorized according to MULLERS and GUSTILLO classification. Inclusion Criteria were as follows: (i) type A, B and C distal femoral fractures and (ii) patients older than 18 years. (iii) Ipsilateral patella fractures. (iv) Compound

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CONTINUES

Annals of International Medical and Dental Research, Vol (2), Issue (1)

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Original Research Article

A Study of Diaphyseal Fractures of Forearm Bones with Nailing and PlatingN Brahma Chary¹, Ajay Kumar Pandey², P Narayana Prasad³¹Associate Prof of Orthopaedics, Shadan Institute of Medical Sciences, Himayatsagar Rd, Hyderabad 500008, T.S. India²Assistant Prof of Orthopaedics, Shadan Institute of Medical Sciences, Himayatsagar Rd, Hyderabad 500008, T.S. India³Professor of Orthopaedics, Shadan Institute of Medical Sciences, Himayatsagar Rd, Hyderabad 500008, T.S. India***Corresponding author**

N Brahma Chary

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Abstract: Anatomical reduction and internal fixation of forearm fractures can facilitate restoration of function. Any axial or rotatory malalignment or any narrowing of interosseous space produces disproportionate loss of pronation and supination. In addition proximal and distal radioulnar joints do not function properly if there is significant shortening of either bone. This is not the case in other long bones where shortening or loss of axial and rotatory alignment does not compromise the result. The aim of study is to analyse our results in open reduction and internal fixation of fractures of forearm bones with DCP and Rush nailing in terms of rate of union, the functional outcome, rate of complications and comparison with the results of other authors. The study was conducted between February 2015-November 2016 in Shadan Institute of Medical Sciences, Hyderabad, and 25 patients sustained 48 fractures of forearm bones. They are treated by either plating or rush nailing. Patients were examined clinically and radiologically at periodical intervals of 4-6 weeks for a period ranging from 6-40 weeks. Inclusion criteria are closed and open fractures in adults in diaphyseal region, fractures in children when significantly displaced. Exclusion criteria are pathological fractures, incomplete or undisplaced fractures in adults and fractures in children with minimal displacement. After assessing 25 patients with 48 fractures 10 (40%) had excellent results, 13 (52%) had satisfactory results and 2 (8%) had unsatisfactory functional outcome. Open reduction and internal fixation should be done in fractures of forearm bones in adults. In our study there is not much difference in union rates of nailing or plating. However, plating provides better compression at fracture site and rigid fixation to permit early mobilisation. The majority of patients had excellent functional outcome with plating alone.

Keywords: Dynamic compression plate Rush nail, Interosseous space, pronation and supination, distal and proximal radioulnar joints

INTRODUCTION:

Open reduction and internal fixation with dynamic compression plate is a common procedure done for fractures of both bones forearm [1]. Even newer modalities of plate osteosynthesis such as locking plate and limited contact plate have been introduced, the DCP is still a choice for many surgeons [7]. Intramedullary fixation of ulna with Rush nail is commonly done in older patients, where bone is osteoporotic and in open fractures of forearm bones, hence we undertook a study of plate osteosynthesis for fractures of both bones forearm with DCP and Rush nails in Shadan Institute of Medical Sciences between February 2015 and November 2016.

AIMS OF STUDY:

To analyse our results in ORIF of forearm bone fractures with DCP and rush nailing in terms of

Rate of Union. The functional outcome, Rate of complications and Comparison with the results of other authors. The cases selected for study are A1-A3, B1-B3 and C1-C3 and Gustillo's type I,II & III[1].

MATERIALS AND METHODS:

This is a study done between February 2015-November 2016 in Shadan Institute of Medical Sciences, Hyderabad, and 25 patients sustained 48 fractures of forearm bones. Inclusion criteria - Closed and open fractures in adults in Diaphyseal regions, fractures in children with gross displacements [2]. Exclusion criteria - Pathological fractures, fractures in children with minimal displacement and incomplete or undisplaced fractures in adults [3]. They are treated by either plating or Rush nailing. Patients were examined clinically and radiologically at periodical intervals of 4-

Original Research Article

A study of Flap Coverage of Limbs in Orthopaedics

N Brahma Chary¹, J Ashok Vardhan Reddy²

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Abstract: Open / compound fractures of the limbs are very common and challenging in this modern era of industrial and road traffic accident and is a difficult task for the orthopaedic surgeon. The aim of this study is how to minimise the morbidity, mortality, incidence of amputation and other complications of fractures by way of timely intervention with different types of flap coverage of limbs. This study was carried out in the department of orthopaedics and traumatology and department of plastic surgery - Osmania General Hospital, Hyderabad during June 1996 - Feb 1999. A total no. of 68 cases of soft tissue coverage procedures were done including different varieties of flaps like split skin grafting, fascio cutaneous, muscle, cross leg, abdominal, groin and free flaps in patients of 18 - 45 years of age group and more than 80% patients are males. In our study of 68 cases of reconstruction, 38 cases (55.8%) are carried out in the form of skin grafts, 16 cases (23.5%) are local flaps-muscle and fasciocutaneous flaps, 8 cases (11.7%) are cross leg flaps, 2 cases (2.9%) are abdominal flaps, 2 cases (2.9%) are groin flaps and 2 cases (2.9%) free flaps. The grading of results are assessed based on sound union of the fracture, stiffness / range of movements of neighbouring joints, amount of scar, presence / absence of DNVD and flap necrosis. We achieved excellent results in 32 cases (47.0%), good in 20 cases (29.4%), fair in 12 cases (17.7%) and poor in 4 cases (5.9%). It is very much useful by timely intervening and planning for soft tissue coverage in minimising the incidence of infection rate, decreasing the hospital stay and facilitating the congenial condition for further definitive management of fracture union. Flap coverage of the limbs has a most significant role in decreasing the morbidity, mortality and amputations of limbs due to infection of soft tissue and infected non unions.

Keywords: Fasciocutaneous, muscle, cross leg, groin flaps, free flaps delaying / division of the flaps

INTRODUCTION

An open fracture with extensive soft tissue defect still remains one of the most delicate and challenging problem in trauma surgery. Severe bone and soft tissue injuries produced by high velocity trauma have become one of the common causes of morbidity and mortality all over the world [1]. The main aim of treatment of open fractures is to restore the anatomy as normal and its function as early as fully possible. The outcome depends on the degree of soft tissue injury and the degree of contamination.

Open injuries expose many tissues like bone, tendons, nerves and vessels which all tend to die when left exposed and get dry. Hence, it is important to get wound cover as early as possible. Here distinction must be made between wound cover and the wound closure

[4]. While early coverage is advantageous, imprudent closures can result in disasters. Attempts at tight closure in swollen limb or in a limb with potential for swelling in 48 hrs of post operative period can lead to many complications like skin necrosis, compartment syndrome and increase in infection rate.

Bone stability is the foundation for reconstruction of soft tissues, whereas soft tissue cover is the foundation for bony healing. One cannot wait for the other and the golden opportunity of primary reconstruction of both are lost. Then they end up with sliding scale of complications and end in disasters. In extreme cases it may allow salvage of limbs which otherwise might have to be amputated and it often reduces the length of hospital stay as well as decreases the cosmetic defects [9].

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FORM-MCI-15(COMP.VERIFICATION)

2). Resultantly, there are only 2 faculty in Unit II & it cannot be considered and PG Unit.

On approval of Dr. N Brahma Chary as Associate Professor, there will be three faculty in Unit-II. However, even if Dr. N Brahma Chary is counted as Assistant Professor, the Unit-II still has three faculty members.

The faculty position in all the three Units is as follows:

	Unit-1	Unit-2	Unit-3
Professor	Dr P Narayan Prasad	Dr Mohd Abdul Wahed	
Associate Prof.	Dr N Brahma Chary	Dr E Srinivas Radhe Shyam	Dr. G. R. C. Reddy
Assistant Prof.	Dr Mirza Atif Baig Dr. Srujith Kommera	Dr K Raj Kumar	Dr Thumu Madhu Dr M A Azeem

Hence the deficiency is rectified.

Verified

Dr. N. Brahma Chary

The Faculty of each unit shown are verified & are as per MCI requirements.

Dr. N. Brahma Chary

Dr. N. Brahma Chary

FORM-MCI-15(COMP.VERIFICATION)

3). Professor, G. Ramchander Reddy promoted Professor on 02/10/2014 without any publications, which is not as per Regulations.

Dr. G Ramchander Reddy is appointed as Professor based on the relieving letter issued by the previous institution. His appointment as Professor in the previous Institution was found to be defective and thereby this Institution has rectified the appointment order by designating him as Associate Professor retrospectively.

Dr. Mohammed Abdul Wahed, who is working as Associate Professor is now promoted as Professor based on the following publications mentioned below.

Sl. No	Journal Name	Research Paper/ Topic	Indexed In	Month & Year	Author
1	Journal of Evolution of Medical & Dental Sciences	Prospective Study Of Internal Fixation Of Diaphyseal Fractures With Limited Contact-Dynamic Compression Plating	Index Copernicus	Feb-2016	First
2	Journal of Evolution of Medical & Dental Sciences	Prospective Study Of Management Of Fracture Shaft Of Humerus With Locking Compression Plating	Index Copernicus	April-2016	First
3	Journal of Evolution of Medical & Dental Sciences	Surgical Management of Tibial Plateau Fractures using minimal invasive technique with locking compression Plating.	Index Copernicus	Dec - 2016	First
4	Journal of Evolution of Medical & Dental Sciences	Prospective Study of Austin-Moore's Arthroplasty with Bone Cement in Fracture Neck of Femur in Elderly.	Index Copernicus	Feb - 2017	First

Hence the deficiency is rectified.

Verified

[Signature]

Details of Publications (4 Nos.) are verified & enclosed.

The Tenure Publications are as per MCI requirement.

[Signature]

[Signature]

Dr. M. Prasad


A typical long bone consists of three regions: diaphysis, metaphysis and epiphysis. Diaphysis is the central portion of long bone consisting of a thick periosteum sheath with the fibrous capsule of the joints in which the bone is involved. The end of long bones are covered by articular cartilage containing blood vessels and nerves which are necessary for their growth. The ends are covered by periosteum consisting of two layers. Outer layer acting as a lining membrane and deeper vascular layer (the ends are covered by periosteum consisting of two layers. Outer layer acting as a lining membrane and deeper vascular layer of original epiphyseal plate of cartilage). The medullary cavity in the center of the shaft contains yellow marrow. The surface of the shaft and parts of through the cartilage bone near the junction of the epiphysis and with the shaft is a line of dense bone called the epiphyseal scar marking the site of original epiphyseal plate of cartilage. The medullary cavity in the center of the shaft contains yellow marrow. The surface of the shaft and parts of through the cartilage bone near the junction of the epiphysis and with the shaft is a line of dense bone called the epiphyseal scar marking the site of original epiphyseal plate of cartilage.

SURGICAL AND APPLIED ANATOMY OF DIAPHYSIS

The first attempts at what is now called as biological plating date back some thirty years. (Boltby and Walker, 1954) The development of indirect reduction technique (Marsl et al. 1987) Wave plate (Brammer and Wilkins, 1981) and bridging plate (Reimer, et al. 1985) brought about basic change in the approach to fracture treatment. The newly designed indirect contact dynamic compression plate is basically a further development of dynamic compression plate based on the experimental work of Klaus and Paron (1982) who developed its predecessor Dynamic Compression Unit (DCU). The structure of indirect contact dynamic compression plate is designed to achieve compression as well as to preserve vascularity of underlying bone and surrounding soft tissue providing best conditions for bone healing.

Emphasis is placed on vascular support of bone and soft tissues in order to maintain good bone structure, to enhance resistance against infection and provide the best conditions for early bone healing.

The method of applying these principles have been further refined by better understanding of bone biology giving rise to the concept of biological fixation. Active path has mobilization of adjacent muscles one aims to prevent fracture disease. Preservation of blood supply to injured area. Sound internal fixation fulfilling local biomechanical demands. Anatomical reduction of fracture fragments.

Based on the Lambotte's principles AO/ASIF formulated four treatment guidelines for fracture treatment.

INTRODUCTION

How to cite this article
 World J. Adv. Res. Prospect. Study of internal fixation of diaphyseal fractures with limited contact dynamic compression plating. (Evolution Med. Dent. Sci. 2016;5(13):583-587, DOI: 10.14260/jemds.2016.133)

Internal fixation, L.C.-D.C.P., Biological Plating, Blood Supply, Stress Risers, Force, Bridging Callous.

KEYWORDS

Post-operative infection and delayed union. The overall results of encouraging comparative conventional methods of plating justifying the utility of new concept and finding.

The results were good with uneventful recovery of 26 cases and with complications in the other one case as follows:

RESULTS

During the period of 2 years, 30 cases have been studied for the effect of internal fixation of diaphyseal fractures with L.C.-D.C.P. with the concept of biological internal fixation. Maximum follow-up period was 18 months.

MATERIAL AND METHODS

To study the concept of biological plating with limited contact dynamic compression plate. The term L.C.-D.C.P stands for a new concept of plate fixation, which can be giving primary importance to the vascularity of the tissues reduces operative trauma to the bone, preserve blood supply, avoids stress riser produced at implant removal, prevents protract of the plated bone segment and helps in better callous bridging, resulting in early and better functioning of the limb.

OBJECTIVES

ABSTRACT

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Associate Professor, Department of Orthopaedics, Shadan Medical College, Hyderabad, Telangana State.
 Professor, Department of Orthopaedics, Shadan Medical College, Hyderabad, Telangana State.
 Mohammed Abdull Wahid, Ft. No. Prasad 2

PROSPECTIVE STUDY OF INTERNAL FIXATION OF DIAPHYSEAL FRACTURES WITH LIMITED CONTACT-DYNAMIC COMPRESSION PLATING.

February | Month : 2016 | Volume : 5 | Issue : 13 | Page : 583-587

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 Indexed, Free, Open Access, Peer Reviewed Journal of Medical and Dental Sciences
 e-ISSN-2278-4802 P-ISSN-2278-1788



HOME

ABOUT US

CURRENT ISSUE

ARCHIVE

SUBMIT AN ARTICLE

AUTHORS

BIBLIOGRAPHIC INFORMATION

REGISTER

LOGIN

SUBSCRIPTIONS

REVIEW AN ARTICLE

EDITORIAL

TOP 10

POLICIES

CONTACT

SEARCH ARTICLES

Enter key word

Enter author name

Table of Contents

April | Month : 2016 | Volume : 5 | Issue : 34 | Page : 1950-1953

PROSPECTIVE STUDY OF MANAGEMENT OF FRACTURE SHAFT OF HUMERUS WITH LOCKING COMPRESSION PLATING.

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ABSTRACT

OBJECTIVES

To study the concept of Management of fracture shaft of humerus with locking compression plating.

MATERIAL AND METHODS

During the period of one and half years between Nov. 2013 to April 2015,30 cases have been studied for the effect of Management of fracture shaft of Humerous with locking compression plating at shadan institute of medical sciences, Hyderabad, T. S. Maximum follow period was 2 years.

RESULTS

The study concludes that locking compression plating is establishing its position as the implant of choice in the management of fracture shaft of humerus.

KEYWORDS:

Fracture Shaft of Humerous, Internal Fixation, Locking Compression Plating, Porosis.

How to cite this article

Wahed MA, Prasad PN, Reddy N. Prospective study of management of fracture shaft of humerus with locking compression plating. J. Evolution Med. Dent. Sci. 2016;5(34):1950-1953, DOI: 10.14260/jemds/2016/486

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INTRODUCTION

Fractures of humerus account for nearly 3% of all fractures. Although most of the humeral shaft fractures can be managed conservatively with good results, the matter of consideration is of maintaining their alignment, length, rotations and early mobilization of the neighbouring joints. The A.O. Group has devised locking compression plate, in which the screws are locked into the threads provided in the screw hole of the plate making the plate and screw become single assembly. The advantage is that there would not be any backing out of the screw resulting in loosening of the plate and failure of fixation and implant failure, especially in case of osteoporotic bone, metaphyseal fracture, poor quality of bone, etc. It offers numerous fixation possibilities and has proven its worth in complex fracture situations and in revision after failure of other implants.

AIMS AND OBJECTIVES

This study is undertaken to understand the use of locking compression plate system in the treatment of fresh fractures of humerus. Advantages of the technique over the prevailing techniques along with the attendant complications have been studied.

Review of Literature

Internal fixation of fractures of long bones of extremity with plate and screws as a mode of treatment has evolved progressively since 19th century when Hugh Owen Thomas (1831-1891) stressed the importance of un-interrupted and prolonged immobilization in fracture treatment. In 1948 Eggers and Associates studied the effect of compression on healing of experimental fractures in animals and concluded that compression forces applied to healing bone fragments could influence the rate of healing. The results of the first general study of various locking compression plates were published in 2003 by Sommer C et al. They concluded that the LCP was a technically mature and proven its worth in complex fracture situations and in revision operations after the failure of other implants.¹

In 2006, Nemayev P et al, described that locking compression plate is represented by combination of two completely different anchorage techniques and two opposed principles of osteosynthesis in one implant. It combines the principles of conventional plate synthesis for direct anatomical reduction with those of bridging plate osteosynthesis.² A biomechanical study on LCP conducted in 2008 by Ahmed M et al, opined that if an LCP is being used then it is desirable to place the plate at or less than 2 mm from the bone as it maintains the periosteal blood supply to the bone beneath the plate and also allows a mechanically stable environment at the fracture site to allow fracture healing to continue undisturbed.³

In 2013, a study conducted by Soumya Ghosh et al, they have compared locking plate with intramedullary nailing in 60 humeral shaft fractures through which they suggested that LCP shows early union and excellent-to-good functional outcome in 73% than intramedullary interlocking nail in 60%.⁴ In another study by Neuhaus V et al in 2012 they concluded that osteoporotic and often comminuted fractures are ideal settings/indications for LCP utilization in upper extremity. There is a clear trend to choose operative treatment for these fractures, because the angular stability allows stable fixation and early functional mobilization.⁵

The Evolution of Locking Compression Plate

In conventional plating since the stability is achieved by creating friction between the plate and the bone, the newly developed internal fixators (PC-FIX, LISS) consists of plate and screw systems where the screws are locked in the plate, hence minimizing the compressive forces exerted by the plate on the bone and also reducing the contact area between bone and plate. The advantage of reduced contact area between bone and plate and of fixed angle anchorage of the screws in the plate was demonstrated for the PC-fix in laboratory testing and clinical application.

Not only the angular stability was guaranteed, but also the axial stability was proven. This was achieved technically by matching a conical thread in both screw head and plate hole. This method of plate fixation means that the plate need not touch the bone at all. The most promising idea to compensate for this disadvantage was to merge a DCU hole geometry of the DCP with the conical thread hole of PC-FIX and LISS, the result being combi hole. Thus, the locking compression which is a synthesis of various techniques of plate osteosynthesis and a result of experience gained in

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SURGICAL MANAGEMENT OF TIBIAL PLATEAU FRACTURES USING MINIMALLY INVASIVE TECHNIQUE WITH LOCKING COMPRESSION PLATING

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ABSTRACT

BACKGROUND

The objective of this study is to study the functional outcome of internal fixation of tibial plateau fractures by minimally invasive locking compression plating.

MATERIALS AND METHODS

A prospective study of internal fixation of tibial plateau fractures fixed with locking compression plating using minimally invasive technique was conducted during the period from Nov. 2013 to Nov. 2015 at Shadan Institute of Medical Sciences, Hyderabad, T. S.

Study sample size - 20 patients both male and female aged 20 to 70 yrs. admitted for tibial plateau fractures and operated between Nov. 2013 and Nov. 2015 and fulfilling the inclusion criteria were enrolled in a prospective study of 2 years' duration from Nov. '13 to Nov. '15. The followup period was 6 to 18 months. All cases were post traumatic.

RESULTS

Minimally invasive procedure using locking compression plating for fixation of tibial plateau fractures gives good results, as there is less soft tissue damage and stable fixation and comparatively better functional outcome.

CONCLUSION

This surgical procedure is a better option for fixation of tibial plateau fractures in terms of overall functional results.

KEYWORDS

Tibial Plateau Fractures, Minimally Invasive Technique, Locking Compression Plate, Internal Fixation, Functional Outcome.

HOW TO CITE THIS ARTICLE: Wahed MA, Prasad PN, Pandey AK, et al. Surgical management of tibial plateau fractures using minimally invasive technique with locking compression plating. J. Evolution Med. Dent. Sci. 2016;5(99):7298-7302, DOI: 10.14260/jemds/2016/1651

BACKGROUND

Management of tibial plateau fractures are being modified continuously, tibial plateau fractures are one of the common fractures because of exposure of lower limbs to trauma and its management is crucial because of weight bearing nature of lower limbs. Before deciding on the line of management keep in mind following facts:

1. Extent of damage in tibial plateau fractures is often greater than what is seen on x-ray.
2. Malunion is extremely common, whereas nonunion is unknown.
3. Painful knee and stiffness are the most serious and common complications of tibial plateau fractures.

The LCP is an example of new technology, which combines the principle of limited contact compression and locked internal fixation. The operative treatment of the fracture using plates and screws is a successful technique. Internal fixation with plates and screws leads to additional trauma and disturbance of blood supply to bone.

Financial or Other, Competing Interest: None.

Submission 03-11-2016, Peer Review 29-11-2016,

Acceptance 05-12-2016, Published 12-12-2016.

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DOI: 10.14260/jemds/2016/1651



To overcome these difficulties, the recently developed locking compression plating is gaining popularity. The technology supports what is known as MIPPO. The LCP technology offers improved fixation stability in osteoporotic bone, comminuted and periarticular fractures.¹

Aims and Objectives

1. To study the functional outcome of management of fractures of tibial plateau.
2. To study the duration to achieve the union in tibial plateau fractures treated with LCP.
3. To assess the range of motion of knee joint and functional outcome after surgical management.

Review of Literature

Fractures of tibial condyles were brought into prominence in 1929 by the papers of Cotton F. J. and Berg R. in Boston and Cubbins W. R., Seiffert G. and Coneley A. H. from Chicago.

In 1940 Barr J. S. described the operative treatment of tibial plateau fractures, where depressed plateau is elevated by spike and supported by cancellous bone grafts.² In 1956, G. Apley published the series of patients treated by skeletal traction and early mobilisation with excellent results.³

In the meantime, different experimental studies were carried out. Haldeman K. O. in 1939 proved that hyaline cartilage is replaced by fibrocartilage. Hohl M. in 1956 proved that prolonged immobilisation leads to formation of intra-articular adhesions.

PROSPECTIVE STUDY OF AUSTIN-MOORE'S ARTHROPLASTY WITH BONE CEMENT IN FRACTURE NECK OF FEMUR IN ELDERLY

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ABSTRACT

BACKGROUND

Objectives - This is a prospective study of 40 consecutive cases of fracture neck of femur in patients older than 60 years who were managed by cemented hemiarthroplasty with Austin-Moore's prosthesis. The patients were followed up and the results were analysed with the objectives of studying the outcome of management of fracture neck of femur by cemented Austin-Moore's Hemiarthroplasty and to compare the results with standard studies using non-cemented Austin-Moore's prosthesis and to assess if cementing the prosthesis improves clinical outcome.

MATERIALS AND METHODS

40 patients aged more than 60 years, who sustained fracture neck of femur were treated by hemiarthroplasty using Austin-Moore's prosthesis and polymethyl methacrylate bone cement for stem fixation in Shadan Institute of Medical Sciences, Hyderabad, TS between December 2013 and November 2015; 40 patients who were followed up for a minimum of one year have been included in this study. Functional outcome was analysed using the Harris hip scoring system.

RESULTS

All the 40 patients were available for follow-up at the end of study period. The patients were in the age group of 68 to 85 years with the mean age of 74.7 years, 63.3% of patients were female with 90.9% of male. All cases sustaining the fracture following a trivial trauma. The functional outcome using the Harris hip score was excellent in 18%, good in 50%, fair in 13.6% and poor in 9% of the cases.

CONCLUSION

Hemiarthroplasty with Austin-Moore's prosthesis is a good option in elderly patients with limited physical demands and mobility. Cementing the prosthesis can achieve better control of thigh pain, improve mobility, allow early mobilisation and lesser use of walking aids. Cementing of Austin-Moore's prosthesis can be safely undertaken in patients to achieve better functional outcome.

KEYWORDS

Fracture Neck of Femur, Austin-Moore's Prosthesis, Bone Cement.

HOW TO CITE THIS ARTICLE: Wahed MA, Prasad PN, Pandey AK. Prospective study of Austin-Moore's arthroplasty with bone cement in fracture neck of femur in elderly. J. Evolution Med. Dent. Sci. 2017;6(17):1339-1343, DOI: 10.14260/jemds/2017/291

BACKGROUND

Femoral Neck fractures are one of the most common in the elderly. The prevalence of these fractures has increased with improvement in life expectancy. The prevalence of the fracture neck of femur doubles for each decade of life after the fifth decade.¹

With our society becoming more and more geriatric society, the burden of this fracture and its sequelae continues to be on the rise.² The goal of treatment of femoral neck fractures is restoration of pre-fracture function without associated morbidity.³ Open reduction and internal fixation of these fractures in elderly has poor outcome including high rate of non-union and avascular necrosis.

The introduction of single piece unipolar metal prosthesis by Thompson in 1954 and Austin-Moore's in 1957 to replace the femoral head ushered in the era of hemiarthroplasty of the hip as a treatment of these fractures. Experience of the last four decades has shown that hip Arthroplasty is the best treatment for intracapsular fracture of neck of femur in elderly in terms of both short-term and long-term results.⁴ Currently, surgeons can choose between unipolar and bipolar hemiarthroplasty and total hip arthroplasty in the treatment of intracapsular fracture of the neck of femur in the elderly.⁵

The problems encountered with unipolar prosthesis were acetabular erosion and loosening of stem giving rise to pain. Bateman in 1974 introduced the bipolar prosthesis, which had mobile head element and had additional head surface to allow movement within the acetabulum, this led to reduction of acetabular surface and hence reduce incidence of pain and acetabular protrusion, because motion is present between the metal head and the polyethylene socket (inner bearing) as well as between the metal head and acetabulum (outer bearing).⁶

Bipolar prosthesis is slowly replacing the conventional unipolar prosthesis, because of its superior benefits as higher percentage of satisfactory results, less post-operative pain, greater range of movement, more rapid return to unassisted activity and reduced incidence of acetabular erosion.

Financial or Other, Competing Interest: None.
Submission 21-01-2017, Peer Review 13-02-2017,
Acceptance 20-02-2017, Published 27-02-2017.

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DOI: 10.14260/jemds/2017/291



Wahed

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4). Dr. E. Srinivas, Assoc. Professor promoted on 10/09/2015 without any publications, which is not as per Regulations.

Dr. E. Srinivas Radhe Shyam was promoted as Associate Professor on dt. 10-09-2015 based on the publications of Three Research Papers in indexed journals.

Sl. No	Journal Name	Research Paper/ Topic	Indexed In	Month & Year	Author
1	International Research & Publications in Medical Sciences (IRPMS)	A Study of T & Y Supracondylar Fractures of Humerus	Index Copernicus	Apr-Jun 2015	First
2	International Journal of Research in Medical Sciences (IJRMS)	Preliminary Screening of Osteoporosis & Osteopenia in Middle Aged Urban Women from Hyderabad (India) using calcaneal QUS	Index Copernicus	Aug-2015	Second
3	International Journal of Allied Medical Sciences & Clinical Research (IJAMSCR)	Effectiveness of Autologous blood & steroid injections in patients with lateral epicondylitis, study conducted in teaching hospital.	Index Copernicus	June - 2015	Second

Hence the deficiency is rectified.

Dr. E. Srinivas

Verified
Dr. E. Srinivas
 Details of Publications (3 Nos.) are verified & enclosed. The Journals Publications are as per MCI requirements
Dr. E. Srinivas

A Study Of T & Y Supracondylar Fractures Of Humerus

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Shadan Institute of Medical Sciences, Hyderabad.

ABSTRACT:

Background: Distal humerus fractures in adults are uncommon injuries and difficult to manage. Open reduction has better results than a closed method to treat the supracondylar humerus fracture. The aim of this study to evaluate the role of internal fixation in the treatment of intercondylar fractures of the humerus. **Material & Methods:** In a study of 30 cases of intercondylar fractures of humerus, male (12) and female (18) patients of different age group treated with open reduction and internal fixation with 4mm cancellous screw and stable fixation achieved by using two plates or multiple cancellous, cortical screws or K wires. Postoperative mobilization was started depending on fracture stability and pain in patients. **Results:** Most of the patients (86.7%) were between the age group of 21-50 years. Type of injury in 16(53.3%) cases was fall on point of elbow, 9(30%) cases were RTA and other due to road accidents. 14 cases (46.6%) belong to Muller's et al classification C2 and next were 10 cases (33.3%) C3. Hardware pain in 3(10%) patients were the complications of this study. 22 (73.3%) patients had range of motion (ROM) between 120-130 degrees. According to Cassebaum's scale 22 patients (73.3%) had 'Excellent' to 'Good' results, 8 patients (26.7%) had 'Fair' results and none of the patients had 'Poor'. **Conclusion:** Although it was a small prospective study with short follow-up, but compare our findings with the results of other authors, we concluded that operative treatment of the intercondylar fracture of the distal part of humerus in adults has much better results than closed treatment.

Key words: Supracondylar humerus fracture, operative reduction, internal fixation, trans-olecranon approach.

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INTRODUCTION:

Intercondylar fractures of the humerus remained one of the most difficult of all fractures to manage.¹ Intercondylar fractures represent one of the most complicated and challenging fractures in the upper extremity.² The treatment of severely comminuted fractures of the elbow long has been a subject of controversy. Recommendations for treatment have ranged widely, from essentially no treatment to operative reduction and extensive internal fixation, the problem of

the fact that the fracture is relatively uncommon, which prevents the individual surgeon from accumulating sufficient personal experience to critically evaluate the results of treatment.³ Many Orthopaedic surgeons stress on preserving the architecture of any joint for its normal restoration of

function. The recent trend has been immediate open reduction and stable internal fixation, and early postoperative active range of motion.⁴ The fabrication of new implants, however, has increased the reliability of operative stabilization, while placing additional demands upon the surgeon's expertise.

Injuries of the elbow lead to chronic pain and permanent restriction of motion limit use of the hand in most activities. Positioning of hand to grip and apprehension

elbow. Basic daily activities from eating to personal hygiene require a wide range of positions and movements at the elbow in both flexion and extension and forearm rotation. Any restricted motion of the neck, shoulder or wrist magnifies impairment of the elbow. More complex tasks, at the work place or



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Research Article

Preliminary screening of osteoporosis and osteopenia in middle aged urban women from Hyderabad (INDIA) using calcaneal QUS

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Received: 10 June 2015

Accepted: 09 July 2015

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ABSTRACT

Background: Osteoporosis is a major public health problem, associated with substantial morbidity and socio-economic burden. An early detection can help in reducing the fracture rates and overall socio-economic burden in such patients. The present study was carried out to screen the bone status (osteopenia and osteoporosis) above the age of 25 years in urban women population in this region.

Methods: A hospital based study was carried out in 316 women by calculating T-scores utilizing calcaneal QUS as diagnostic tool.

Results: The result suggested that a substantial female population had osteopenia and osteoporosis after the age of 45 years. The incidence of osteoporosis was (20.25%) and osteopenia (36.79%) with maximum number of both osteoporosis and osteopenic women recorded in the age group of (55-64 years). After the age of 65 years, there was an almost 100% incidence of either osteopenia or osteoporosis, indicating that it increases with age and in postmenopausal period, thereby suggesting lack of estrogenic activity might be responsible for this increasing trend. Religion, caste and diet had an influence on the outcome of osteopenic and osteoporosis score in present study, but still it has to be substantiated by conducting larger randomized clinical trials in future.

Conclusions: A substantial female population was screened for osteoporosis and osteopenia using calcaneal QUS method utilizing same WHO T score criteria that otherwise shall remain undiagnosed and face the complications and menace of osteoporosis.

Keywords: Osteopenia, Osteoporosis, Calcaneal QUS (quantitative ultrasound), BMD (bone mineral density)

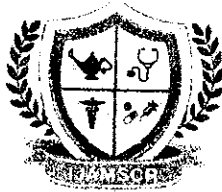
INTRODUCTION

Osteoporosis is a disease characterized by reduction in to impaired skeletal strength and an increased susceptibility of fractures.¹ It is a major public health problem associated with substantial morbidity and socio-economic burden world wide.² Moreover, the proportion of elderly population is rapidly increasing in the developed as well as the developing world, which increases concern among aging population and public

health workers regarding disability, dependence, associated economic and social problems that are caused by osteoporosis. Osteoporosis does not have a dramatic

advances, the incidence of osteopenia and osteoporosis, the silent disease increases.³

Measuring the bone density remains the only important tool in the early diagnosis of osteoporosis, so that effective preventive and therapeutic measures can be initiated at the earliest. The gold standard for measuring



International Journal of Allied Medical Sciences and Clinical Research (IJAMSCR)

IJAMSCR | Volume 3 | Issue 2 | April-June- 2015
www.ijamscr.com

ISSN: 2347-6567

Research article

Medical research

Effectiveness of autologous blood and steroid injections in patients with lateral epicondylitis, study conducted in teaching hospital

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ABSTRACT

Background: Lateral Epicondylitis is a degenerative type of disease, the onset of which is hastened by overuse of the arm and elbow along with repeated forceful activities and awkward posture of the limb or elbow.

Objective: To find whether autologous blood injection is effective or corticosteroid injection is effective to treat lateral epicondylitis.

Materials and methods: 164 patients were diagnosed by clinical examination and divided into Group A and Group B with 82 in each group based on treatment either autologous blood injection or corticosteroid injection respectively. The entire patient were treated according to their group and observed for effectiveness of both treatments to improve at least one grade of pain on Visual Analogue Scale at 3months follow up. Data was analyzed by SPSS version 10.0.

Results: Effectiveness of autologous blood injection and steroid injection were 63(76.83%) and 42 (51.22%) respectively with significant p value 0.1675. In group A and B the male and female ratios were 1:1.27 and 1:1.73. The mean ages were 34.12 years \pm 7.28SD and 36.78 years \pm 9.01SD respectively. Gender, age and duration of symptoms of patients were not significantly affecting the effectiveness.

Conclusion: This study concluded that autologous blood injection is effective than steroid injection in treating lateral epicondylitis

KEY WORDS: Lateral Epicondylitis, Autologous blood and Steroid injection.

INTRODUCTION

Lateral Epicondylitis (Tennis elbow) is a degenerative type of disease, the onset of which is hastened by overuse of the arm and elbow along with repeated forceful activities and awkward posture of the limb or elbow. It has been found to be the second most frequently diagnosed musculoskeletal disorders in the neck and upper extremity with an incidence of 1-3% of the population suffer from this condition

with equal distribution between men and women. Commonly affected age group is 35 to 50 years¹⁻⁴, the initial events in the disease are microscopic as well as macroscopic tears in the origins of the ECRB and other extensors at the lateral epicondyle due to overexertion. This tearing is followed by formation of granulation tissue and fibrosis. Angio fibroblastic hyperplasia, resulting from avascular compromise and subsequent micro tears in the origin of the

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5). Other deficiencies as pointed out in the Assessment Report.	All other deficiencies are rectified.	Verified <i>[Signature]</i>		
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- (1) I have verified the Eligibility of all faculty members for the post they are holding (Based on experience Certificates issued by competent authority). Their experience Details in Different Designations and unit wise Distribution attached in the faculty table enclosed.
- (2) Any other specific observation which the Assessor want to mention.

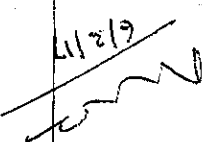
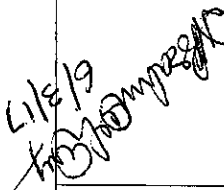
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S. No.	Designation	Name with Date of Birth	Nature of employment (time/part time/hon. Full)	PAN Number	TDS deduction	Subject with Year of passing	Institution	University	Designation mentioning institution	Date wise teaching experience with designation & institution		Total Period	* Benefit of Publications given in Promotion Yes/No, If yes List Publications here (no annexures)	Signature of Faculty Member
										From	To			
1	Prof. & HOD	Dr. P Narayana Prasad	Full time	ADFP2200H		MBS-1980	Gandhi Medical College	Osmania University	Jr. Resi. Osmania Medical College, Hyd.	Feb, 1982	Aug, 1985	3 yrs 6 mths	Yes - 7 Publications	 6/2/17
									Jr. Resi. Osmania Medical College, Hyd.	18-02-1987	27-12-2000	13 yrs 10 mths	1) Prospective Study of internal fixation of Diaphyseal Dynamic Compression Plating.	
									Assoc. Prof. Osmania Medical College, Hyd.	27-12-2000	22-08-2006	5 yrs 8 mths	2) Surgical Management of Tibial Plateau Fractures using minimally invasive technique with locking compression plating.	
									Professor Sec'bad Gandhi Medical College, Hyd.	22-08-2006	31-05-2010	3 yrs 9 mths	3. A Study of T & Y Supracondylar Fractures of Humerus	
									Professor Osmania Medical College, Hyd.	01-06-2010	28-02-2011	9 mths	4. Effectiveness of outgous blood & steroid injections in patients with lateral epicondylitis, study conducted in teaching hospital.	
									Professor Shadan Institute of Medical Sciences, Hyd.	01-05-2011	Till date	5 yrs 10 mths	4) Prospective study of Austin Moore's arthroplasty with bone cement in fracture neck of femur in elderly.	
									Jr. Resi. Osmania Medical College, Hyd.	1996	1999	3 yrs	Yes - 4 Publications	
									Jr. Resi. Osmania Medical College, Hyd.	01-01-2001	04-05-2003	2 yrs 4 mths	1. Comparative Study of Management of Fracture Neck of Femur in Elderly Patient by Austin Moore's Prosthesis (AMF) Vs Bipolar Hemiarthroplasty (BHA)	
									Jr. Resi. Gandhi Medical College, Sec'bad.	05-04-2003	31-10-2014	11 yrs 6 mths	2. Functional Outcome of Distal End of Femur with Locking Compression Plate: A	
									Asst. Prof. Shadan Institute of Medical Sciences, Hyd.	01-11-2014	20-04-2016	1 yr 5 mths		
2	Assoc. Prof.	Dr. N. Barama Chary	Full time	ACAPN3320Q		MBS-1983	Medical College, Sec'bad	Osmania University	Jr. Resi. Osmania Medical College, Hyd.	1996	1999	3 yrs		 6/3/17
									Jr. Resi. Gandhi Medical College, Sec'bad.	01-01-2001	04-05-2003	2 yrs 4 mths	1. Comparative Study of Management of Fracture Neck of Femur in Elderly Patient by Austin Moore's Prosthesis (AMF) Vs Bipolar Hemiarthroplasty (BHA)	
									Jr. Resi. Gandhi Medical College, Sec'bad.	05-04-2003	31-10-2014	11 yrs 6 mths	2. Functional Outcome of Distal End of Femur with Locking Compression Plate: A	


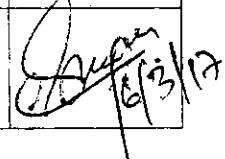
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 TEACHING AND RESEARCH CENTRE
 (A Part of Osmania Institute)
 Hyderabad-500 082 N.P., INDIA

Unit 1

								Assoc. Prof.	Shadan Institute of Medical Sciences, Hyd.	21-04-2016	Till Date	10 Months	Prospective Study 3 A study of Diaphyseal fractures of forearm bones with nailing and plating. 4 A study of flap coverage of limbs in Orthopaedics	
3	Assistant Professor	Dr. Mirza Atif Baig 19-05-1979	Full time	AXWPM7115M	MBBS-2002 DO-2007 DNB-2009	Mahadevappa Rampure Medical College Mahadevappa Rampure Medical College Kamneni Hospital	Rajiv Gandhi University of Health Sciences Rajiv Gandhi University of Health Sciences Diplomat of National Board	Jr. Resi	Mahadevappa Rampure Medical College	2005	2007	2 years	Yes - 4 Publications 1. A Study of T & Y Supracondylar Fractures of Humerus 2. Effectiveness of outlogous blood & steroid injections in patients with lateral epicondylitis, study conducted in teaching hospital. 3. Study of Psoriatic Arthritis in Shadan Institute of Medical Sciences Teaching Hospital & Research Centre. 4. Psoriatic Arthritis A Systematic Review.	APB 6/3/12
4	Assistant Professor	Dr. Srujith Kommera 04-01-1987	Full time	CAOPK5905Q	MBBS-2010 MS-2016	SVS Medical College, Mahaboobnagar. Mamta Medical College, Khammam	Dr. NTR University of Health Sciences	Jr. Resi	Mamta Medical College, Khammam.	02-05-2012	31-05-2015	3 Years		Srujith 6/3/12
								Sr. Resi	Government Medical College, Nizamabad.	17-07-2015	16-07-2016	1 Year		
								Asst. Prof	Shadan Institute of Medical Sciences, Hyd.	07-02-2017	Till date			
5	Sr. Res.	Dr. Subash Baba B. 01-10-1979	Full time	ANAP60786H	MBBS - 2002 MS 2007	Gandhi Medical College Osmania Medical College	Dr. NTR University of Health Sciences	Jr. Resi.	Osmania Medical College, Hyd.	01-05-2003	30-05-2006	3 Years		Subash 6/3/12
								Sr. Resi.	Shadan Institute of Medical Sciences, Hyd.	01-05-2015	Till date	1 year 10 mths		
6	Jr. Res.	Dr. V. Sahitya Mohan Rao 24-Feb-1989	Full time	COEPM2712M	MBBS-2014	Pratima Institute of Medical Sciences	Dr NTR University of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	11-07-2014	Till date	2 years 8 months		V. Sahitya 6/3/12

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Unit 2Bed strength 30

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted	PG QUALIFICATION			Experience Date wise teaching experience with designation & Institution						Signature of Faculty Member
					Subject with Year of passing	Institution	University	Designation	Institution	From	To	Period	* Benefit of Publications in Promotion Yes/No, If yes List Publications	
1	Professor	Dr. Mohammed Abdul Wahed 05 Nov 1957	Full time	AKIPM2548M	MBBS-1983	Gandhi Medical College	Osmania University	Jr. Resi	Osmania Medical College, Hyd.	02-08-1993	02-08-1996	3 yrs	Yes - 4 Publications 1. Prospective Study Of Internal Fixation Of Diaphyseal Fractures With Limited Contact- Dynamic Compression Plating 2. Prospective Study Of Management Of Fracture Shaft Of Humerus With Locking Compression Plating. 3) Surgical Management of Tibial Plateau Fractures using minimally Invasive technique with locking compression plating. 4) Prospective study of Austin-Moore's arthroplasty with bone cement in fracture neck of femur in elderly.	
					MS-1996	Osmania Medical College	Dr. NTR University of Health Sciences.	Asst. Prof.	S. V. Medical College, Tirupathi.	06-08-1998	16-10-1999	1 yrs 2 mths		
								Asst. Prof.	Osmania Medical College, Hyd.	05-05-2000	04-08-2003	3 yrs 8 mths		
								Asst. Prof.	Guntur Medical College, Guntur.	05-08-2003	10-03-2004	6 mths		
								Asst. Prof.	Osmania Medical College, Hyd.	28-09-2004	28-07-2012	7 Yrs 10 mths		
								Assoc. Prof.	Government Medical College.	29-07-2012	30-11-2015	3 Yrs 4 mths		
								Assoc. Prof.	Shadan Institute of Medical Sciences, Hyd.	01-12-2015	31-05-2016	6 mths		
			Professor	Shadan institute of Medical Sciences, Hyd.	01-06-2016	Till Date	9 Months							
2	Assoc. Prof.	Dr. E Srinivas Radhe Shyam 31-Mar-1980	Full time	AAPPE2551F	MBBS-2004	Osmania Medical College, Hyd.	Dr NTR University of Health Sciences	Tutor	Osmania Medical College, Hyd.	02-05-2005	02-05-2008	3 yrs	Yes - 3 Publications 1. A Study of T & Y Supracoracoid Fractures of Humerus	
					MS-2008	Osmania Medical		Asst. Prof.	Shadan Institute of Medical Sciences, Hyd.	07-09-2011	09-09-2015	4 years		

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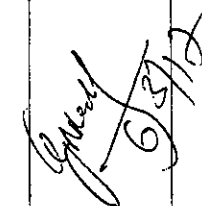
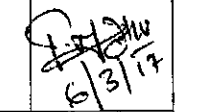




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 Hyderabad - 500 082, India

2. Preliminary Screening of Osteoporosis & Osteopenia in Middle Aged Urban Women from Hyderabad (India) using calcaneal QUS 3. Efficacy of outgous blood & steroid injections in patients with lateral epicondylitis, study conducted in teaching hospital.	1 year 5 mths	Till Date	10-09-2015	Assoc. Prof	Shadan Institute of Medical Sciences, Hyd.																
	3 yrs		30-05-2000	Tutor	Mahadevappa Rampure Medical College, Gulbarga	Mysore University, Mysore	MBBS-1992														
	1 yr		19-01-2002	Sr. Resit.	Nizam Institute of Medical Sciences, Hyd.	Dhyanere College, Karnataka	MS-2000														
	2 yrs		19-08-2006	Sr. Resit.	MNR Medical College, Sangareddy	Mahadevappa Rampure Medical College, Gulbarga															
	7 yrs 1 mth	till date	01-02-2010	Asst. Prof.	Shadan Institute of Medical Sciences, Hyd.	Gandhi University of Health Sciences															
	3 yrs	1997	1994	Jr. Resit.	Darbangha Medical College	Ranchi University	MBBS-1990	ATMP25016													
	3 yrs			Jr. Resit.	Shadan Institute of Medical Sciences, Hyd.	Medical University															
	9 mths	Till date	01-06-2015	Sr. Resit.	Shadan Institute of Medical Sciences, Hyd.	L.N. Mithila University	MS-1997														
	3 Years	04-11-2014	05-11-2011	Jr. Resit.	Shadan Institute of Medical Sciences, Hyd.	Dr. Baba Saheb Ambedkar Marathwad	MBBS-2C01	ANDPK6052G													
	2 Year			Sr. Resit.	Shadan Institute of Medical Sciences, Hyd.	University, Aurangaba															
	3 Mths	Till date	05-11-2014	Sr. Resit.	Shadan Institute of Medical Sciences, Hyd.	University, Aurangaba															
		Till date	11-07-2014	Jr. Resit.	Shadan Institute of Medical Sciences, Hyd.	Dr N T R University of Health Sciences	MBBS-2012	ASQP76755M													

Dr. Raj Kumar
 Dr. Sangeta
 Dr. Akhlesh
 6/3/17
 6/3/17
 6/3/17

Unit 3Bed strength 30

S. No	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deduction	PG QUALIFICATION			Experience					Signature of Faculty Member	
					Subject with Year of passing	Institution	University	Designation	Institution	From	To	Period		* Benefit of Publications In Promotion Yes/No, If yes List Publications
1	Associate Professor	Dr. G. Ramachandra Reddy 02-01-1964	Full time	AFOPG0618M	MBBS-1990	Kakatiya Medical College, Warangal	Kakatiya University	Jr. Resi.	Osmania Medical College	01-10-1994	30-09-1997	3 years		
					MS-1997	Osmania Medical College, Hyderabad	Dr. NTR University of Health Sciences	Asst. Prof.	Osmania Medical College	23-10-1999	31-07-2006	6 years 8 mths		
								Assoc. Prof.	Shadan Institute of Medical Sciences	23-05-2008	28-02-2011	2 years 9 mths		
								Assoc. Prof.	NRI Medical College	12-12-2012	31-05-2013	6 months		
								Assoc. Prof.	MVI Medical College	01-03-2012	31-10-2012	8 months		
2	Asst. Prof.	Dr. Thumu Madhu 27-May-1979	Full time	AELPT2709N	MBBS-2006	Vinayaka Mission Medical College	Vinayaka Mission University Salem	Tutor	Vinayaka Mission Medical College	01-03-2008	30-03-2011	3 yrs		
					MS-2011			Asst. Prof.	Shadan Institute of Medical Sciences, Hyd.	01-01-2014	Till date	3 yrs 2 mths		
3	Asst. Prof.	Dr. Mohammed Abdul Azeem 06-Feb-1975	Full time	AQKPA2097F	MBBS-2001	Saint Peters burg State Medical Academy	Saint Peters burg State Medical University	Tutor	Osmania Medical College, Hyd.	01-06-2006	30-06-2009	3 yrs		
					MS-2009	Osmania Medical College, Hyd.	Dr. NTR University of Health Sciences	Asst. Prof.	Shadan Institute of Medical Sciences, Hyd.	01-09-2010	Till date	6 yrs 6 mths		
4	Sr. Resi.	Dr. Syed Peer Pasha 16-08-1959	Full time	AIRPS8301B	MBBS-1986	M R Medical College, Gulbarga	Gulbarga University	Jr. Resi.	Shadan Institute of Medical Sciences, Hyd.	10-05-2005	01-05-2009	4 yrs		
								Sr. Resi.	Shadan Institute of Medical Sciences, Hyd.	10-05-2009	Till date	7 yrs 9 mths		



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5	Jr. Res.	Dr. Bharath Reddy J 19-08-1988	Full time	AVJFPJ3875K	MBBS-2012	Maharaja's Institute of Medical Sciences	Dr N T R University of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	01-06-2015	Till date						
6	Jr. Res.	Dr. Daruru Venkata Srinath 05-05-1991	Full time	AXIPD036/J	MBBS-2014	Prathima Institute of Medical Sciences	Dr N T R University of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	01-06-2015	Till date						

- Note:**
1. Unit wise teaching / Resident staff should be shown separately for each Unit in the proforma.
 2. Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns of
 3. *Publications : Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexures will be seen.
 4. In case of DNB qualification name of the Institution / hospital from where DNB training was done and year of passing must be provided. Simply saying National board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
 5. Experience of Defence services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unitwise distribution is given in the faculty table above.

(Dr. Kamish Krishna K)
MCI Assessor

SHADAN
SHADAN INSTITUTE OF MEDICAL SCIENCES
TEACHERS HOSPITAL & RESEARCH CENTRE
(A Fortis Healthcare Institute)
Hyderabad 500 006 A.P. INDIA

STANDARD ASSESSMENT FORM FOR
COMPLIANCE VERIFICATION OF POST GRADUATE COURSES

(Report of Compliance Verification will be accepted only in this SAF)

49/148

Name of College : Shadan Institute of Medical Sciences, Teaching Hospital & Research Centre.
Subject : Orthopaedics
Purpose of Inspection : Recognition of 2 PG Degree seats
Date of Inspection : 22-04-2016.
Name of the Assessor with mobile number : Dr. Shrinivas Shankar Shintre
Mobile No. - 09822053186.

Note:

1. Please read the SAF carefully before filling it up. Retrospective changes in Data will not be allowed.
2. Do not use Annexures. All information should be provided in SAF at appropriate place earmarked. No Annexures will be considered.
3. Experience details should be supported by experience certificate from competent authority (from the place of work) without which it will not be considered.
4. Full reference of publications(including clarification where the Journal is indexed) should be listed in front of the name to whom benefit of publications in Promotion have been given. If not given, it will not be considered from Annexures. They should also be supported by photocopies of published articles without which they will not be considered. Give only full articles, case reports and abstracts will not be considered.
5. Assessor to give his final remarks at the end of summary in the SAF. No separate confidential letter be sent.
6. Don't add, alter or delete any column of SAF.
7. Dean will be responsible for filling all columns and signing at appropriate places.

H. M.
Dr. S. S. Shintre 22/4/16

SHADAN INSTITUTE OF MEDICAL SCIENCES
TEACHING HOSPITAL & RESEARCH CENTRE
MUMBAI
22.04.2016

**STANDARD ASSESSMENT FORM FOR
COMPLIANCE VERIFICATION OF POST GRADUATE COURSES**

(Report of Compliance Verification will be accepted only in this SAF)

Name of College : Shadan Institute of Medical Sciences, Teaching Hospital & Research Centre.
 Subject : Orthopaedics
 Purpose of Inspection : Recognition of 2 PG Degree seats.
 Date of Inspection : 22-04-2016.
 Name of the Assessor with mobile number : Dr. Shrinivas Shankar Shintre
 Mobile No. – 09822053186

COMPLIANCE VERIFICATION REPORT

Deficiencies Pointed Out by PG Committee	Reply Submitted by College Authority	Observation of Assessor on replies submitted by College Authority	Available Faculty on inspection Day	Available Clinical Material on inspection Day (of Department Concerned)
Out of 5 Senior Residents shown, 2 of them could not produce of stipend paid to them when they were Junior Residents; Hence they cannot be considered. Resultantly there is shortage of Senior Residents: 2	Out of 5 SR's required, then, 3 SR's were accepted which is fulfilling the latest requirements as per amended norms. However, the two SR's namely Dr Syed Peer.Pasha has submitted the Bank details of his working as JR prior to the promotion as SR 10-05-2009. The second SR namely: Dr K Sangeeta Dinkarraois now replaced by Dr Ajay Kumar Pandey. Hence the deficiency is rectified.	Total 4 SR's are available in the Department of which 2 are M.S (Ortho) from other Medical Colleges and rest Two have done their JR ship from this Institute of whom the Salary Certificate and the bank Accounts Statement during their J.Rship period is attached to their respective Declaration Forms.	Faculty available on Inspection day are :- Professors – 2 Associate Professors – 2 Assistant Professors – 5 Senior Residents – 4 Junior Residents – 6	1) Total OPD – 141 2) Total IPD – 81 3) Bed Occupancy – 90% 4) Total Number of Surgeries - • Major Operations – 5 • Minor Operations – 11 • Day Care Operations – 2
Instruments like THR & TKR sets and Arthroscop could not be shown at time of assessment	Both the instruments, namely; THR and TKR Sets and Arthroscop are available in the Hospital	THR and TKR Sets and Diagnostic Arthroscop are available and		

Signature of Assessor
 Dr. Shrinivas Shankar Shintre
 Shadan Institute of Medical Sciences, Teaching Hospital & Research Centre

Signature of Assessor
 22/4/16

M-MCI-16(COMP.VERIFICATION)

<p>ulations</p>	<p>Due to administrative reasons in Government Service, he was not promoted. Based on his experience of 10yrs-6 mths as Assistant Professor, he was directly appointed as Associate Professor. However, an additional Professor Dr Gattu Ramachandra Reddy is appointed on 1-8-2015. Hence the deficiency is rectified.</p>	<p>working in NRI Medical College as Professor . Dr N Brahma Chary is accepted as Assistant Professor only.</p>	
<p>As per Faculty Table signed by the Dean and Assessor, there is no Senior Resident in Unit-I & II</p>	<p>The corresponding pages showing SR's in Unit-I and Unit-II are missing and thereby the deficiency is highlighted. Moreover their declaration forms were submitted and they were physically verified. The same is enclosed and the deficiency is rectified.</p>	<p>Now there are 4 SR's as mentioned above. Each Unit has atleast One SR as per latest amendments dated 3-11-2015.</p>	
<p>Other deficiencies as pointed out in the Assessment Report.</p>	<p>All other deficiencies are rectified.</p>	<p>1.Number Of Mounted Specimens: 15. 2.Dept. Library Books: 151 3.Seminar Room has LCD projector & Screen. 4.There are Two OT's for Ortho out of which one for Surgeries with C-Arm and other without C-Arm. 5.In the blood Bank out of component separation facilities, now the Concentrate and facility for Cryoprecipitate are made available.</p>	

(1) I have verified the Eligibility of all faculty members for the post they are holding (Based on experience Certificate issued by competent authority). Their experience Details in Different Designations and unit wise Distribution attached in the faculty table enclosed.

(2) Any other specific observation which the Assessor want to mention.

speciality clinic every day (8 AM to 3 PM) was spine

clinic - 16 patients attended

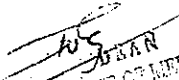
(Signature of the Dean)
 DEPARTMENT OF MEDICAL SCIENCES
 CENTRE

(Signature of the Assessor)
 Nivas Shrivastava

22/4/16

FORM-MCI-16(COMP.VERIFICATION)

		physically verified.																																					
Academic parameter like Group Discussions (11/year) is inadequate	The Group Discussions are recorded as 11/year, which is for each batch i.e 36/year for the Department. Hence the deficiency is rectified.	The Group Discussions as per the records in the year 2015 were 36 i.e 3/ month.	<ul style="list-style-type: none"> Total Histopath Specimens Sent – 7 Total Deliveries – 10 Total C.S. – 3 																																				
From the table below, it is clear that out of 130 OPD, daily 90 patients are admitted on 90 beds, which is not feasible. The data is non-genuine	The data furnished in the table is for the total bed occupancy and not that of daily admissions. The actual data pertaining to the daily admissions is as follows:	The current data for the year 2015 is as follows:	<ul style="list-style-type: none"> Total Faculty in the Department as per faculty table attached :- 																																				
<table border="1" data-bbox="190 588 537 885"> <thead> <tr> <th></th> <th>2012</th> <th>2013</th> <th>2014</th> </tr> </thead> <tbody> <tr> <td>Total number of Patients in IPD</td> <td>2640</td> <td>26394</td> <td>27100</td> </tr> <tr> <td>Total number of patients in OPD</td> <td>3854</td> <td>37960</td> <td>39210</td> </tr> </tbody> </table>		2012	2013	2014	Total number of Patients in IPD	2640	26394	27100	Total number of patients in OPD	3854	37960	39210	<table border="1" data-bbox="571 588 1052 995"> <thead> <tr> <th></th> <th>201</th> <th>2013</th> <th>2014</th> <th>Daily</th> </tr> </thead> <tbody> <tr> <td>Total number of Patients in IPD</td> <td>410</td> <td>7209</td> <td>7940</td> <td>21</td> </tr> <tr> <td>Total number of patients in OPD</td> <td>385</td> <td>37960</td> <td>39210</td> <td>130</td> </tr> </tbody> </table>		201	2013	2014	Daily	Total number of Patients in IPD	410	7209	7940	21	Total number of patients in OPD	385	37960	39210	130	<table border="1" data-bbox="1086 556 1422 823"> <thead> <tr> <th></th> <th>2015</th> <th>Daily</th> </tr> </thead> <tbody> <tr> <td>Total number of Patients in IPD</td> <td>7981</td> <td>22</td> </tr> <tr> <td>Total number of patients in OPD</td> <td>39365</td> <td>131</td> </tr> </tbody> </table>		2015	Daily	Total number of Patients in IPD	7981	22	Total number of patients in OPD	39365	131	<ul style="list-style-type: none"> Professors – 2 Associate Professors – 2 Assistant Professors – 5 Senior Residents – 4 Junior Residents – 6
	2012	2013	2014																																				
Total number of Patients in IPD	2640	26394	27100																																				
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Total number of Patients in IPD	7981	22																																					
Total number of patients in OPD	39365	131																																					
out of 27740 patients admitted in a year, there are only 6 deaths, which simply means, no serious trauma patients are admitted without which, PG training is grossly inadequate.	The number of deaths shown as 6 are that of the post trauma care deaths recorded in the Orthopaedics departments, whereas several trauma cases are referred to Department of Surgery and those deaths are recorded in that department. Hence the deficiency is rectified.	As per death Register in 2015, the deaths in the dept. of Orthopedics are 11 and deaths in the trauma wards 18. Today, 14 serious patients were found to be admitted in trauma ICU under the Orthopedics department																																					
Dr. N. Brahmachari, Assoc. Professor, Unit-I has been promoted 01/11/2014 without any publications, which is not as per	Dr N Brahma Chary is appointed as Associate Professor on 1-11-2014. He was relieved from Gandhi Medical College on 31-10-2014 as Assistant Professor with total experience of 10Yrs-6 mths.	Prof -Gattu Ramachandra Reddy was appointed as Professor in this Institution on 1-8-2015 i.e after fast inspection who was previously																																					


INSTITUTE OF MEDICAL SCIENCES
GANDHI MEDICAL & RESEARCH CENTRE
 Institute
 P. INDIA

FORM-MCI-16(COMP.VERIFICATION)

Unit wise teaching Resident Staff: Orthopaedics.

Unit - 1

Bed strength - 30 beds

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deduction	PG QUALIFICATION			Experience						Signature of Faculty Member	
					Subject with Year of passing	Institution	University	Date wise teaching experience with designation & Institution							
								Designation	Institution	From	To	Period	* Benefit of Publications in Promotion Yes/No, if yes List Publications		
1	Prof. & HOD	Dr. P Narayana Prasad 26-Feb-1953	Full time	ADFFP2200H	MBBS-1980 MS-1985 (P)	Gandhi Medical College Osmania Medical College	Osmania University	Jr. Resi	Osmania Medical College, Hyd.	Feb, 1982	Aug, 1985	3 yrs 6 mths			
								Asst. Prof.	Osmania Medical College, Hyd.	18-02-1987	27-12-2000	13 yrs 10 mths			
								Assoc. Prof.	Osmania Medical College, Hyd.	27-12-2000	22-08-2006	5 yrs 8 mths			
								Professor	Gandhi Medical College, Sec'bad	22-08-2006	31-05-2010	3 yrs 9 mths			
								Professor	Osmania Medical College, Hyd.	01-06-2010	28-02-2011	9 mths			
								Professor	Shadan Institute of Medical Sciences, Hyd.	01-05-2011	Till date	4 yrs 5 mths			
2	Assoc. Prof.	Dr. Mohammed Abdul Wahed 05-Nov-1957	Full time	AKIPM2548M	MBBS-1983 MS-1996 (P)	Gandhi Medical College Osmania Medical College	Osmania University Dr. NTR University of Health Sciences.	Jr. Resi	Osmania Medical College, Hyd.	02-08-1993	02-08-1996	3 yrs			
								Asst. Prof.	S. V. Medical College, Tirupathi.	06-08-1998	16-10-1999	1 yrs 2 mths			
								Asst. Prof.	Osmania Medical College, Hyd.	05-05-2000	04-08-2003	3 yrs 8 mths			
								Asst. Prof.	Guntur Medical College, Guntur.	05-08-2003	10-03-2004	6 mths			
								Asst. Prof.	Osmania Medical College, Hyd.	28-09-2004	28-07-2012	7 Yrs 10 mths			
								Assoc. Prof.	Government Medical College.	29-07-2012	30-11-2015	3 Yrs 4 mths			
								Assoc. Prof.	Shadan Institute of Medical Sciences, Hyd.	01-12-2015	Till date	5 mths			

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27/11/2016

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27/11/16

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(A Post Graduate Institute)
Hyderabad-500 082 A.P., INDIA

FORM-MCI-16(COMP.VERIFICATION)

3	Asst.Prof	Dr. Mirza Atif Baig 19-05-1979	Full time	AXWPM7115 M	MBBS-2002 DO-2007 DNB-2009	Mahadevappa Rampur e Medical College Mahadevappa Rampur e Medical College Kamine ni Hospita l	Rajiv Gandhi Universit y of Health Sciences Rajiv Gandhi Universit y of Health Sciences Diplomat of National Board	Jr.Resi	Mahadevappa Rampure Medical College	2005	2007	2 years	Yes	
								Jr.Resi	Dr. VRK Womens Medical College	01-10-2010	23-04-2012	1 yr 7 mnths		
								Sr.Resi.	Shadan Institute of Medical Sciences, Hyd.	10-03-2014	08-09-2015	1 yr 6 mnths		
								Asst.Prof	Shadan Institute of Medical Sciences, Hyd.	09-09-2015	Till Date	5 mths		
4	Sr. Res.	Dr. Subash Baba B. 01-10-1979	Full time	ANAPB0786H	MBBS - 2002 MS - 2007	Gandhi Medical College Osmani a Medical College	Dr. NTR Universit y of Health Sciences	Jr. Resi.	Osmania Medical College, Hyd.	01-05-2003	30-05-2006	3 Years		
								Sr. Resi.	Shadan Institute of Medical Sciences, Hyd.	01-05-2015	Till date	10 mths		
5	Sr. Resi.	Dr. Sangeeta Dinkarrao Kotalwar 14-Jul-1973	Full time	ANDPK6052G	MBBS-2001	MIMSR Medical College, Latur	Dr. Baba Saheb Ambedk ar Marathw ada Universit y, Auranga bad.	Jr. Resi.	Shadan Institute of Medical Sciences, Hyd.	05-11-2011	04-11-2014	3 Years		
								Sr. Resi.	Shadan Institute of Medical Sciences, Hyd.	05-11-2014	Till date	1 Year 5 Mths		
6	Jr. Res.	Dr. S Nishith Reddy 11-Apr-1988	Full time		MBBS-2012	Deccan College of Medical Sciences, Hyd.	Dr N T R Universit y of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	01-08-2013	Till date			

11/11/16
24/11/16

SHADAN INSTITUTE OF MEDICAL SCIENCE
TEACHING HOSPITAL & RESEARCH CENTRE
(A Post Graduate Institute)
Hyderabad-500 068 A.P. INDIA

S. No.	Designation	Name With Date of Birth	Nature of employment time/part time/Hon.	PAN Number deducted	Subject With Year of passing	Institution	University	Designation	Institution	From	To	Period	* Benefit of Publications in Promotion Yes/No, if yes List	Signature of Faculty Member
1	Professor	Dr. G. Ramachandra Reddy 02-01-1964	Full time	AFPOG061 8M	MS-1977 (R)	Kakatiya Medical College, Warangal Osmania Medical College, Hyderabad	Kakatiya University Osmania University Dr. NTR College of Health Sciences	Jr. Resl. Asst. Prof. Prof. Asst. Prof. Prof. Asst. Prof. Assoc. Prof.	Osmania Medical College Shadan Institute of Medical Sciences NRI Medical College MVI Medical College Sn Muthukumaran Medical College, Chennai Al-Azhar Medical College Shadan Institute of Medical Sciences, Hyderabad	01-10-1994 23-05-2008 31-07-2006 28-02-2011 12-12-2012 31-05-2013 01-03-2012 31-10-2012 20-05-2014 06-08-2014 31-07-2015 02-10-2014 01-08-2015	30-09-1997 6 years 8 months 2 years 9 months 6 months 8 months 2 months 10 months 8 mths	3 years 31-07-2006 28-02-2011 31-05-2013 01-03-2012 31-10-2012 20-05-2014 06-08-2014 31-07-2015 02-10-2014 01-08-2015	Yes	
2	Assoc. Prof.	Dr. N. Brahma Chary 09-Oct-1956	Full time	ACAPN332 00	MS-1999 (R)	Gandhi Medical College, Sec. pad Osmania Medical College, Sec. pad Osmania Medical College, Hyd.	Osmania University Dr. NTR College of Health Sciences	Jr. Resl. Asst. Prof. Asst. Prof. Asst. Prof. Assoc. Prof.	Osmania Medical College Gandhi Medical College, Hyd. Gandhi Medical College, Sec. pad. Gandhi Medical College, Sec. pad. Shadan Institute of Medical Sciences, Hyd. Shadan Institute of Medical Sciences, Hyd.	1999 01-01-2001 04-05-2003 31-10-2014 03-04-2003 01-11-2014 21-04-2016	3 yrs 2 yrs 4 mths 11 yrs 6 mths 1 Yr 5 mths	Yes		

Assistant Professor
K. R. Reddy

Signature of Faculty Member
22/10/2016
12/5

FORM-MCI-16(COMP.VERIFICATION)

3	Asst. Prof.	Dr. Raj Kumar K 27-Aug-1970	Full time	AEMPP280 1C	MBBS-1992	JJM Medical College, Dhavangere, Karnataka	Mysore University, Mysore	Tutor	Mahadevappa Rampure Medical College, Gulbarga	01-05-1997	30-05-2000	3 yrs		
					MS-2000			Sr. Resi.	Nizam Institute of Medical Sciences, Hyd.	25-01-2001	19-01-2002	1 yr		
								Sr. Resi.	MNR Medical College, Sangareddy	08-07-2004	19-08-2006	2 yrs		
					(R)	Mahadevappa Rampure Medical College, Gulbarga	Rajiv Gandhi University of Health Sciences	Asst. Prof.	Shadan Institute of Medical Sciences, Hyd.	01-02-2010	till date	6 yrs 2 mths		
4	Sr. Resi.	Dr. Ajay Kumar Pandey 01-01-1964	Full time	AEMPP280 1C	MBBS-1990	Rajendra Medical College	Ranchi University	Jr. Resi.	Darbangha Medical College	1994	1997	3 yrs		
					MS-1997	Darbangha Medical College	L.N. Mithila University	Sr. Resi.	Shadan Institute of Medical Sciences, Hyd.	01-06-2015	Till date	10 mths		
5	Jr. Res.	Dr. B Sai Kumar 07-Sept-1987	Full time	AXFPB9100 Q	MBBS-2012	Shadan Institute of Medical Sciences, Hyd.	Dr NTR University of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	01-08-2013	Till date			
6	Jr. Res.	Dr. Akhilesh Tadiboyina 28-Jul-1987	Full time	ASQPT6755 M	MBBS-2012	Katuri Medical College, Guntur	Dr NTR University of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	11-07-2014	Till date			




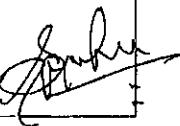
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22/4/16

[Signature]
B.B.A.N
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TEACHING HOSPITAL & RESEARCH CENTRE
(A Post Graduate Institute)
Hyderabad-500 009 A.P. INDIA

FORM-MCI-16(COMP.VERIFICATION)

Unit 3

Bed strength 30

S. No.	Designation	Name with Date of Birth	Nature of employment: Full time/part time/Hon.	PAN Number TDS deduction	PG QUALIFICATION			Experience Date wise teaching experience with designation & Institution						Signature of Faculty Member
					Subject with Year of passing	Institution	University	Designation	Institution	From	To	Period	* Benefit of Publications in Promotion Yes/No, if yes List Publications	
1	Assoc. Prof.	Dr. E Srinivas Radhe Shyam 31-Mar-1980	Full time	AAPPE2551F	MBBS-2004	Osmania Medical College, Hyd.	Dr NTR University of Health Sciences	Tutor	Osmania Medical College, Hyd.	02-05-2005	02-05-2008	3 yrs	Yes	
					MS-2008	Osmania Medical College, Hyd.		Asst. Prof.	Shadan Institute of Medical Sciences, Hyd.	07-09-2011	09-09-2015	4 years		
					(R)			Assoc. Prof.	Shadan Institute of Medical Sciences, Hyd.	10-09-2015	Till Date	5 mths		
2	Asst. Prof.	Dr. Thumu Madhu 27-May-1979	Full time	AELPT2709N	MBBS-2006	Vinayaka Mission Medical College	Vinayaka Mission University Salem	Tutor	Vinayaka Mission Medical College	01-03-2008	30-03-2011	3 yrs		
					MS-2011	(R)	on or after 2012	Asst. Prof.	Shadan Institute of Medical Sciences, Hyd.	01-01-2014	Till date	2 yrs 3 mths		
3	Asst. Prof.	Dr. Mohammed Abdul Azeem 06-Feb-1975	Full time	AQKPA2097F	MBBS-2001	Saint - Peters burg State Medical Academy	Saint Peters burg State Medical University	Tutor	Osmania Medical College, Hyd.	01-06-2006	30-06-2009	3 yrs		
					MS-2009	(R)		Asst. Prof.	Shadan Institute of Medical Sciences, Hyd.	01-09-2010	Till date	5 yrs 7 mths		
4	Sr. Resi.	Dr. Syed Peer Pasha 16-08-1959	Full time	AIRPS8301B	MBBS-1986	M R Medical College, Gulbarga	Gulbarga University	Jr. Resi.	Shadan Institute of Medical Sciences, Hyd.	10-05-2005	01-05-2009	4 yrs		
								Sr. Resi.	Shadan Institute of Medical Sciences, Hyd.	10-05-2009	Till date	6 yrs 7 mths		

Handwritten notes:
10/11/16
22/4/16

Handwritten signature:
D. R. N.
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TEACHING HOSPITAL & RESEARCH CENTRE
(A Part of Osmania Institute)
Hyderabad-500 082 K.P. INDIA



SHADAN INSTITUTE OF MEDICAL SCIENCES (SIMS)

TEACHING HOSPITAL & RESEARCH CENTRE

A POST GRADUATE INSTITUTE

(A Minority Institution)

Affiliated to Dr. N.T.R. University of Health Sciences, Govt. of A.P., Vijayawada - 520008

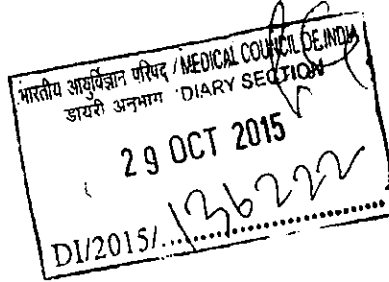
Recognised by Govt. of India, Ministry of Health/MCI vide No. U. 12012/127 2004-ME(P-II) Dated 07-09-2010

Ref: SIMS/PG/2015/0811

Date: 27th October 2015

To

The Secretary
Medical Council of India
Pocket-14, Sector-8
Dwarka Phase-I
New Delhi - 110 077



Sir/Madam,

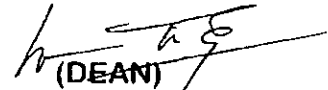
Sub: Submission of Compliance with regard to the
Deficiencies pointed during the Assessment for
Recognition of MS (Orthopaedics) - Reg.
Ref: MCI-259(22)/2015-Med/134221 dated 11.09.2015.

<><><><><><><>

We are herewith submitting the compliance of deficiencies pointed during the assessment vide reference cited above, along with a Demand Draft bearing No. 011342 dated 26.10.2015 for Rs. 1,00,000/- (Rupees One Lakh only) drawn on PUNJAB NATIONAL Bank payable at New Delhi. Copy of the compliance is enclosed herewith.

Thanking you,

Yours sincerely,



(DEAN)
DEAN

SHADAN INSTITUTE OF MEDICAL SCIENCES
TEACHING HOSPITAL & RESEARCH CENTRE
Himayathsagar Road, Hyderabad-500 001 (T.S.)

Encl: 1. Compliance Report
2. Demand Draft


Shadan Institute Of Medical Sciences, Teaching Hospital & Research Centre, Hyderabad.

Sl.No:	Deficiencies Pointed Out by MCI in Department of Orthopaedics	Compliance of Deficiencies																														
1	Out of 5 Senior Residents shown, 2 of them could not produce of stipend paid to them when they were Junior Residents; Hence they cannot be considered. Resultantly there is shortage of Senior Residents: 2	Out of 5 SR's required, then, 3 SR's were accepted which is fulfilling the latest requirements as per amended norms. However, the two SR's namely Dr Syed Peer Pasha has submitted the Bank details of his working as JR prior to the promotion as SR 10-05-2009 The second SR namely: Dr K Sangeeta Dinkarrao is now replaced by <u>Dr Ajay Kumar Pandey</u> . Hence the deficiency is rectified.																														
2	Instruments like THR & TKR sets and Arthroscope could not be shown at time of assessment	Both the instruments, namely; THR and TKR Sets and Arthroscope are available in the Hospital																														
3	Academic parameter like Group Discussions (11/year) is inadequate	The Group Discussions are recorded as 11/year, which is for each batch i.e 36/year for the Department. Hence the deficiency is rectified.																														
4	From the table below, it is clear that out of 130 OPD, daily 90 patients are admitted on 90 beds, which is not feasible. The data is non-genuine	The data furnished in the table is for the total bed occupancy and not that of daily admissions. The actual data pertaining to the daily admissions is as follows:																														
	<table border="1"> <thead> <tr> <th></th> <th>2012</th> <th>2013</th> <th>2014</th> <th>Daily</th> </tr> </thead> <tbody> <tr> <td>Total number of Patients in IPD</td> <td>26400</td> <td>26394</td> <td>27100</td> <td>96</td> </tr> <tr> <td>Total number of patients in OPD</td> <td>38540</td> <td>37960</td> <td>39210</td> <td>130</td> </tr> </tbody> </table>		2012	2013	2014	Daily	Total number of Patients in IPD	26400	26394	27100	96	Total number of patients in OPD	38540	37960	39210	130	<table border="1"> <thead> <tr> <th></th> <th>2012</th> <th>2013</th> <th>2014</th> <th>Daily</th> </tr> </thead> <tbody> <tr> <td>Total number of Patients in IPD</td> <td>4106</td> <td>7209</td> <td>7940</td> <td>21</td> </tr> <tr> <td>Total number of patients in OPD</td> <td>38540</td> <td>37960</td> <td>39210</td> <td>130</td> </tr> </tbody> </table>		2012	2013	2014	Daily	Total number of Patients in IPD	4106	7209	7940	21	Total number of patients in OPD	38540	37960	39210	130
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5	Out of 27740 patients admitted in a year, there are only 6 deaths, which simply means, no serious trauma patients are admitted without which, PG training is grossly inadequate.	The number of deaths shown as 6 are that of the post trauma care deaths recorded in the Orthopaedics departments, whereas several trauma cases are referred to Department of Surgery and those deaths are recorded in that department. Hence the deficiency is rectified.																														
6	Dr. N. Brahmachari, Assoc. Professor, Unit-I has been promoted on 01/11/2014 without any publications, which is not as per Regulations	Dr N Brahma Chary is appointed as Associate Professor on 1-11-2014. He was relieved from Gandhi Medical College on 31-10-2014 as Assistant Professor with total experience of 10Yrs-6 mths. Due to administrative reasons in Government Service, he was not promoted. Based on his experience of 10yrs-6 mths as Assistant Professor, he was directly appointed as Associate Professor. However, an additional Professor Dr Gattu Ramachandra Reddy is appointed on 1-8-2015. Hence the deficiency is rectified.																														
7	As per Faculty Table signed by the Dean and Assessor, there is no Senior Resident in Unit-I & II	The corresponding pages showing SR's in Unit-I and Unit-II are missing and thereby the deficiency is highlighted. Moreover their declaration forms were submitted and they were physically verified. The same is enclosed and the deficiency is rectified.																														
8	Other deficiencies as pointed out in the Assessment Report.	All other deficiencies are rectified.																														


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4	Asst. Prof.	Dr. A B Suhas Masilamani 27-Jan-1981	Full time		MBBS-2003 MS-2010	Christian Medical College, Ludhiana	Baba Farid University of Health Sciences	Tutor	Christian Medical College, Ludhiana	19-02-2007	19-02-2010	3 yrs	
								Sr. Resi.	Nizam's Institute of Medical Sciences, Hyderabad	19-06-2010	31-10-2010	4 mths	
								Asst. Prof.	Shadan Institute of Medical Sciences, Hyd.	01-11-2010	Till date	4 yr 6 mths	
5	Sr. Res	Dr. Dilip Devidas Madanc 22-Jun-1979	Full time		MBBS - 2003 DO - 2010	College of Physician & Surgeons of Mumbai	College of Physicians & Surgeons of Mumbai	Tutor	College of Physician & Surgeons of Mumbai	01-05-2008	30-07-2010	2 Years	
								Sr. Resi.	Shadan Institute of Medical Sciences, Hyd.	01-12-2013	Till date		
6	Sr. Res.	Dr. K Sangeeta 14-Jul-1973	Full time		MBBS-1996	MIMSR Medical College, Latur	Aurangabad University,	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	05-11-2011	05-11-2014	3 yrs	
								Sr. Resi.	Shadan Institute of Medical Sciences, Hyd.	06-11-2014	Till date		
7	Jr. Res.	Dr. Muneeb Mirza 07-Nov-1986	Full time		MBBS-2009	Deccan College of Medical Sciences, Hyd.	Dr N T R University of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	01-06-2011	Till date	10 mths	
8	Jr. Res.	Dr. Mohd Aejaz Uddin 06-Nov-1988	Full time		MBBS-2012	Shadan Institute of Medical Sciences, Hyd.	Dr N T R University of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	01-06-2012	Till date		
9	Jr. Res.	Dr. V. Sahitya Mohan Rao 24-Sept-1989	Full time		MBBS-2007	Pratima Institute of Medical Sciences	Dr N T R University of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	11-07-2014	Till date		

Signature of Assessor


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4	Asst. Prof. i	Dr. Suresh Cheekatla 04-Apr-1978	Full time		MBBS-2002 MS-2009	Siddhartha Medical College, Vijayawada Shadan Institute of Medical Sciences, Hyd.	Dr N T R University of Health Sciences National Board of Examination, New Delhi	Tutor Sr. Resi. Asst. Prof.	Shadan Institute of Medical Sciences, Hyd. Shadan Institute of Medical Sciences, Hyd. Shadan Institute of Medical Sciences, Hyd.	01-05-2006 01-10-2009 01-10-2013	30-09-2009 30-09-2013 Till date	3 yrs 6 mths 4 yrs 1 yr 7 mths	
	5	Sr. Resi.	Dr. Mirza Atif Baig 19-May-1979	Full time	AXWPM7115M MBBS-2003 DO-2007 DNB-2009	MRMC MRMC Kamineni Hospital	Rajiv Gandhi University of Health Sciences Diplomate of National Board	Jr. Resi.	MRMC	May, 2005	Apr, 2007	2 Years	
								Jr. Resi.	Kamineni Hospital	Sept, 2007	Aug, 2009	2 Years	
Sr. Resi.								Dr. VRK Women's Medical College	01-10-2010	23-04-2012	1 Year 7 Months		
Sr. Resi.								Shadan Institute of Medical Sciences	10-03-2014	Till date	1 Year 2 Months		
6	Sr. Resi.	Dr. Subash Baia Badewa 01-10-1979	Full time	ANAPB0786H MBBS-2002 MS-2007	Gandhi Medical College Osmania Medical College	Dr. NTR University of Health Sciences	Jr. Resi.	Osmania Medical College, Hyd	01-05-2003	30-05-2006	3 yrs		
							Assist. Prof.	Deccan College of Medical Sciences	18-06-2007	03-03-2011	3 yrs 8 mths		
							Sr. Resi.	Shadan Institute of Medical Sciences, Hyd.	01-05-2015	Till date			
7	Jr. Res.	Dr. B Sai Kumar 07-Sept-1987	Full time	AXFPB9100Q MBBS-2012	Shadan Institute of Medical Sciences, Hyd.	Dr N T R University of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	01-11-2012	Till date			
8	Jr. Res.	Dr. Akhilesh Tadiboyina 28-Jul-1987	Full time	MBBS-2012	Kakatiya Medical College, warangal	Dr N T R University of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	11-07-2014	Till date			
9	Jr. Res.	Dr. Abrar Ahmed Khan 25-May-1982	Full time	ANZPA8033D MBBS-2009	Khaja Bande Nawaz Institute of Medical Sciences, Gulbarga	Rajiv Gandhi University of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	11-07-2014	Till date			

Signature of Assessor



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5	Jr. Res.	Dr. S Nishith Reddy 11-Apr-1988	Full time		MBBS-2012	Deccan College of Medical Sciences, Hyd.	Dr N T R University of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	11-12-2012	Till date		
6	Jr. Res.	Dr. Singireddy Harshini 22- Feb-1991	Full time	DPOPS4447M	MBBS-2014	Mamata Medical College	Dr N T R University of Health Sciences	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	01-03-2015	Till date		
7	Jr. Res.	Dr. Mohammed Thousif Ahmed 20-Aug-1987	Full time	BCNPA9735L	MBBS-2011	Nantong University	Nantong Medical University	Jr. Res.	Shadan Institute of Medical Sciences, Hyd.	01-04-2015	Till date		

Note: Unit wise teaching / Resident staff should be shown separately for each Unit in the proforma.

Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns

*Publications : Give only full articles in indexed Journals published during the period of promotion

* Has any of these faculties member considered in PG/UG inspection at any other college after 01.03.2014. If yes, give details.


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Himayathsagar Road, Hyderabad-500 0091 (T.S.)

Signature of Assessor

**Standard Assessment Form for PG courses : Subject : Orthopaedics
(Summary)**

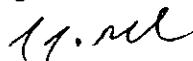
- Note:**
1. Please read the proforma carefully before completing
 2. Information provided should be brief and to the point. No unnecessary information be given. E.g. when research publications in indexed Journals during the last three years are asked for, do not give list of all publications from the beginning and do not give papers presented or abstracts etc.. Provide full reference
 3. Do not use annexures unnecessarily. All efforts be made to provide information within the proforma. Use annexures only when information is very lengthy
 4. Assessor to give his final remarks after the summary in the proforma. No separate confidential letters be sent.
 5. Dean will be responsible for filling all columns and signing at appropriate places.

Date of Assessment :- 16-05-2015.

Name of Assessor :- Dr. Shrinivas Shankar Shintre

1	Name of the institution (Private /Government)		Director/ Dean /Principal (Who so ever is Head of Institution)	
	Shadan Institute of Medical Sciences Teaching Hospital & Research Centre. Himayathsagar Road, Hyderabad, Telangana State, India		Name	Dr. Dinesh Raj Mathur
			Age & Date of Birth	Age: 66 years 11 months DOB : 02-06-1948
			Teaching Experience	40 years
			PG Degree (Recognized/Non R)	Recognized
			Subject	Microbiology
2	Department Inspected		Head of Department	
	ORTHOPAEDICS		Name	Dr. Kelangi Raja Babu
			Age & Date of Birth	Age : 69 Years 5 Months DOB : 04-12-1945
			Teaching Experience	35 years 7 months
			PG Degree (Recognized/Non R)	Recognized
3	(a). Number of UG Seats : 150		Recognized (Year: 2010)	Permitted : 2005
	First Letter of Permission date		No. U 12012/127/2004-ME (P-II) Dated : 23-03-2005 (Annexure - I)	
	(b). Date of last Inspection for	UG : 4th, 5th & 6th March, 2010	PG : 08-01-2014	
		Purpose : Recognition	Purpose : Enhancement	
		Result : Recognized	Result : Not Enhanced	

Signature of Assessor



7. Year-wise available clinical materials (during previous 3 years) for department of Orthopaedics.

Parameters	Year 1 (2012)	Year 2 (2013)	Year 3 (2014)
Total number of patients in OPD	38,540	37,960	39,210
Total number of patients in IPD	26,400	26,394	27,100
Weekly clinical work load for OPD	802	790	816
Weekly clinical work load for IPD	550	549	564
Operations :			
Major	1092	1120	1190
Minor	1789	1810	1880
Average daily investigative workload of the Department and its distribution			
• Radiology	42	44	49
• Biochemistry	110	112	120
• Pathology	88	92	95
• Microbiology	52	48	52
Average daily consumption of blood units in the department	3	4	3

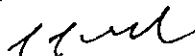
8. Investigative workload on the day of Inspection (Entire Hospital):-

Radiology		Biochemistry	Pathology		Microbiology	Blood Units Consumed
MRI	17	785	Histopathology	16	410	22
CT	31		FNAC	13		
USG	100		Haematology	907		
Mammography	7		Others	248		
IVP/ Barium etc.	19		Cytopathology	15		
Plain X - Ray	213					
DSA	-					
Any Other :						
Doppler	11					
Dialysis	5					
Endoscopy	7					

9. Publications from the department during last 5 years:
(Give only full articles published in indexed journals)

1 Publication enclosed in SAF (Annexure - 13)

Signature of Assessor



17. Common Facilities :

- Central Supply of Oxygen/Suction : Available
- Central Sterilization Department : Available & Adequate
- Laundry : Manual & Mechanical. - Both
- Kitchen : Available
Cooking by Gas
- Incinerator : *Outsourced* ✓ (*Annexure - 4*)
 - Functional : M/s. G.J. Multiclave (India) Pvt. Ltd., (*Annexure - 4*)
 - Capacity : Registered No.GJ/B/174. Dated : 01st July 2014.
Valid upto dated :- 30th June'2015.
(Installation of Incinerator not permitted vide letter No.APPCB/BMWM/JCES/2003 Dt.08/01/2004. A.P.Pollution Control Board, 2nd Floor, Maitrivanam, HUDA Complex, S.R. Nagar, Hyderabad - 500 038.)
- Bio-waste disposal : ✓
Outsourced to M/s. G.J. Multiclave (India) Pvt. Ltd.
Registered No.GJ/B/174. Dated : 01st July 2014.
Valid upto dated :- 30th June'2015. (*Annexure - 4*)
- Generator Facility:-
 - Capacity : Available.
 - : Adequate to run whole Institute.
(720 KVA + Separate generator
For Blood bank Capacity 125 KVA)
- Medical Record Section : Computerized
- ICD10 classification : Used



Signature of Assessor

21. Year wise PG students admitted (in the department inspected) during the last 5 years and available PG teachers

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2014	Dr. Akhilesh Tadiboyina	N/A	1). Dr. K. Raja Babu 2). Dr. B Rama Krishna
	Dr. Vajrala Sahitya Mohan Rao	N/A	3). Dr. P Narayana Prasad 4). Dr. J. Surendar Nath
2013	Dr. B. Sai Kumar	N/A	1). Dr. K. Raja Babu 2). Dr. B Rama Krishna
	Dr. S. Nishith Reddy	N/A	3). Dr. P Narayana Prasad 4). Dr. J. Surendar Nath
2012	Dr. Mohammed Aejaazuddin	N/A	1). Dr. K. Raja Babu 2). Dr. B Rama Krishna
	Dr. Muneeb Mirza	N/A	3). Dr. P Narayana Prasad 4). Dr. J. Surendar Nath
2011	-	-	-

22	Other PG courses run by the institution NIL	Course Name	No. of seats	Department
		DNB	Not Applicable	Not Applicable
		M.Sc.	Not Applicable	Not Applicable
		Others	Not Applicable	Not Applicable

23. The stipend paid to the PG students, year-wise: (Annexure - 6)

Year	Stipend paid in Govt. Colleges by the State Govt.	Stipend paid by the Institute
Ist	Rs. 21,000/-	Rs. 21,000/-
IIInd	Rs. 22,000/-	Rs. 22,000/-
IIIrd	Rs. 23,000/-	Rs. 23,000/-
IVth	-	-

24. List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES	
		JOINING FACULTY	LEAVING FACULTY
Professor	-	-	-
Associate Prof.	2	1) Dr. N. Brahma Chary	1) Dr. J. Surender Nath
Assistant Prof.	1	-	1) Dr. Sukumar
SR/Tutor/Demons.	2	1) Dr. Mirza Atif Baig 2) Dr. Subash Bala Badewa	-
Others :- Jr. Residents	8	1) Dr. V. Sahitya Mohan Rao 2) Dr. Akhilesh Tadiboyina 3) Dr. Abrar Ahmed Khan 4) Dr. Singireddy Harshini 5) Dr. Mohammed Touseef Ahmed	1) Dr. Mohammed Mudassir Ali 2) Dr. Shagufta Fahmina 3). Dr. Sri Divya Vanguru

Signature of Assessor

[Handwritten Signature]

26. Final remarks by the Assessor.

(No recommendations regarding permission / recognition be made. Give only factual position).

Post-graduate Examination conducted in the Institution was observed from the beginning. For 2 candidates appearing for MS(Ortho) practical Examination, the examiners selected 2 long & 6 short cases out of 8 & 20 respectively & allotted to the candidates randomly. Theory paper copies, format showing distribution of marks of Practical examination & filled declaration forms from external examiners collected & attached with this report. Long & short cases presentations by the candidates as well as Table Vivas were observed & found to be conducted as per MCI norms

FACULTY POSITION –

Dean Dr. Dinesh Raj Mathur & Professor & HOD Orthopaedics- Dr. Kelangi Raja Babu are 66 years 11 months & 69 Years 5 Months old respectively Since they are less than 70 years of age, they can be considered as PG Teachers per Minimum Qualifications for Teachers in Medical Institutions (Amendment) Regulations, 2010. Head count of all the PG teachers was done to physically verify the details mentioned in their respective Declaration forms Teachers present were as follows- 3 Professors, 1 Associate Professor, 7 Assistant Professors & 5 Senior Residents (2 of which could not produce proof of stipend when they were JRs) so only 3 SRs could be considered. Now, if 2 excess Assistant Professors downgraded then NO FACULTY DEFICIENCY

INFRASTRUCTURE-

All the areas were verified to be as mentioned in SAF

Museum Specimens -**only 2 wet mounted specimens**

Department Library has only **130 books**

Seminar room does not have LCD Screen or projector

Operation Theatre Complex has one Major Orthopaedic Operation Theatre with fracture fixation & spine Instruments But Instruments like **THR & TKR sets & Arthroscopy** could not be shown at the time of Inspection

CLINICAL MATERIAL-

Total bed strength of Orthopaedics ward is 90 (76 beds were found to be occupied at the time of Inspection- i.e.- 84 % bed occupancy)

Total Major Orthopaedic Surgeries performed today were 4 in number.

Blood Bank has Serology lab where facility of Blood component separation & storage facilities are available like- FFP&PCV. However, **Not for Platelet concentrate, single donor plasma, Cryoprecipitate.**

Total 264 patients attended OPD today



Signature of Assessor

✓

1

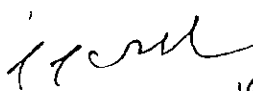
Standard Assessment Form for Postgraduate courses
(Orthopaedics)

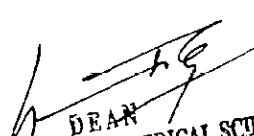
1. Name of Institution : Shadan Institute of Medical Sciences,
Teaching Hospital & Research Centre.
- MCI Reference No. : No.U.12012/127/2004-ME (P-II), Govt. of India,
Ministry of Health & Family Welfare,
Department of Health, New Delhi. Dated: 23-03-2005.
(Annexure - 1)

2. Particulars of the Assessor:-

Assessment Date: 16-05-2015

<p>Name : Dr. Srinivas Shankar Shintre</p> <p>Designation : Professor & HOD of Orthopaedics</p> <p>Speciality : Orthopaedics</p> <p>Name & Address of Institute/College : Government Medical College, Miraj, Pandharpur Road, District Sangli.</p>	<p>Residential Address (with Pin Code) : # 44/102, Navsahyadri Society, Karve nagar, Pune - 411052.</p> <p>Phone.(Off) : 02332375575.</p> <p>(Resi.) : 020 - 25440365</p> <p>(Fax) :</p> <p>Mobile No. : 09822053186</p> <p>E-mail: <u>drssshintre@yahoo.co.in</u></p>
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 Signature of Assessor


 DEAN
 SHADAN INSTITUTE OF MEDICAL SCIENCES
 TEACHING HOSPITAL & RESEARCH CENTRE
 (Postgraduate Institute)
 PUNE, INDIA

PART-I
(Institutional Information)

I Particulars of Dean :

(Who so ever is Head of Institution)

Name : Dr. Dinesh Raj Mathur

Age : 66 years 11 months

(Date of Birth) : 02-06-1948

PG Degree	Subject	Year	Institution	University
Recognized	Microbiology	1978	Gandhi Medical College, Hyd.	Osmania University, Hyderabad.

Teaching Experience:

Designations	Departments	Name of the Institutions worked	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor	Microbiology	Gandhi Medical College, Hyd.	1974	1978	3 yrs 5 mths
Assistant Professor	Microbiology	Gandhi Medical College, Hyd.	03-11-1978	18-02-1985	6 yrs
Professor	Microbiology	Osmania Medical College, Hyd.	19-02-1985	09-06-1985	3 mths
Professor	Microbiology	Sri Venkateshwara Medical College, Tirupathi, A.P.	10-06-1985	12-02-1986	8 mths
	Microbiology	Osmania Medical College, Hyd.	13-02-1986	16-04-1993	7 yrs
Deputy Director	AIDS Control	AIDS Control Project, A.P.	17-04-1993	03-06-1994	1 mth
Joint Director	AIDS Control	AIDS Control Society, Hyd.	04-06-1994	27-02-1995	7 mths
FAC Director	AIDS Control	AIDS Control Society, Hyd.	28-02-1995	12-03-1995	12 days
Joint Director	Blood Safety	AIDS Control Society, Hyd.	13-03-1995	11-07-2000	9 yrs
Professor & HOD	Microbiology	Osmania Medical College, Hyd.	12-07-2000	30-06-2006	6 yrs
Professor	Microbiology	Shudan Institute of Medical Sciences, Hyd.	06-07-2006	Till Date	8 yrs
Dean & Professor		Shadan Institute of Medical Sciences, Hyd.	03-03-2010	Till Date	5 yrs 2 mths
				Grand Total	40 years

Signature of Assessor



4 **Blood Bank :-**

(i)	Valid License(copy of certificate be annexed)	Yes, Valid upto Dt: 22-03-2019. L.Dis.No. 4472 M3A/2014. Dt: 29-03-2014. (Annexure - 6)	
(ii)	Blood component facility available	Yes, Available	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes	
(v)	Number of Blood Units available on inspection day	38	
(vi)	Average blood units consumed daily and inspection day (give distribution in various specialties*)	Average daily : 30 Surgery - 12 ENT - 1 Orthopaedics - 6 OBG - 8 Medicine - 3	On Inspection day : 22

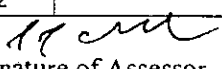
5. **Central Research Lab:-**

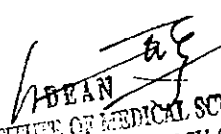
- Whether it exists : Yes
- Administrative Control : Dean
- Staff : Available (Annexure - 7a)
- Equipment : Available (Annexure - 7b)
- Work load. : 78 Research Projects in last 2 years
(Annexure - 7c)

6. **Central Laboratory:-**

- Controlling Department : Pathology
 - Working Hours : 24 hrs
 - Investigative work load : 2,157 (Data of all departments)
- (Approximate number of investigations done daily)

	Radiology: On inspection day Average (monthly)			Microbiology: On inspection day Average (monthly)	
	On inspection day	Average (Monthly)		On inspection day	Average (Monthly)
Plain X-Rays	213	5784	Bacteriology	86	2084
CT Scans	31	927	Serology	198	4816
MR Scans	17	402	Mycology	19	592
Mammography	7	168	Parasitology	91	2443
Barium studies / IVP	19	608	Virology	36	973
Ultrasonography	100	2780	Immunology	18	529
DSA	-	-			
Any Other :					
Doppler	11	192			
Dialysis	5	168			
Endoscopy	7	192			


Signature of Assessor


DEAN
SHADAN INSTITUTE OF MEDICAL SCIENCES
(CLINICAL HOSPITAL & RESEARCH CENTRE)
(Muzaffargarh, Pakistan)

12. Incinerator : *Outsourced* (Annexure – 8)
- Functional : M/s. G.J. Multiclave (India) Pvt. Ltd., (Annexure – 8)
 - Capacity : Registered No.GJ/B/174. Dated : 01st July 2014.
Valid upto dated :- 30th June'2015.
(Installation of Incinerator not permitted vide letter No.APPCB/BMWM/JCES/2003 Dt.08/01/2004. A.P.Pollution Control Board, 2nd Floor, Maitrivanam, HUDA Complex, S.R. Nagar, Hyderabad – 500 038.)
13. Bio-waste disposal : Outsourced to M/s. G.J. Multiclave (India) Pvt. Ltd.
Registered No.GJ/B/174. Dated : 01st July 2014.
Valid upto dated :- 30th June'2015. (Annexure – 8)
14. Generator Facility:- Available/Not available : Available.
Capacity : 720 KVA + Separate generator
For Blood bank Capacity 125 KVA
15. Medical Record Section : Computerized
- ICD10 classification : Used
- Total number of OPD, IPD and Deaths in the Institution during the last one year:

(Data from May 2014 till April 2015)

OPD, IPD and No. of Deaths during last one year			
In the entire hospital		In the department of Orthopaedics	
OPD	3,73,500	OPD	39,600
IPD	2,36,520	IPD	27,740
Deaths	162	Deaths	6


- Number of Births in the Hospital during the last one year : 5,491.


Note: The data be verified by checking the death/birth registration forms sent by the college/hospital to the Registrar, Deaths & Births (Photocopy of all such forms be obtained.)

16. Recreational facilities: Available

Play grounds : Available

Gymnasium : Available


Signature of Assessor


SHADAN INSTITUTE OF MEDICAL SCIENCES
TEACHING HOSPITAL & RESEARCH CENTRE
(Autonomous Institute)

20. Medical Education Unit (Constitution):- (Annexure – 10)

(Specify number of meetings held annually & minutes thereof)

The Medical Education Unit is comprised of the following members which meets four times in a year:-

Head of the Unit:-

1. Dr. Dinesh Raj Mathur : Dean, SIMS.


Members

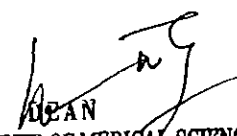
1. Dr. B Prithviraj Raj : HOD & Prof; Dept. of S.P.M.
2. Dr. C. E. Prasad : HOD & Prof; Dept of T.B & Chest
3. Dr. S L Jaweed : Assoc. Prof; Dept of Forensic Medicine
4. Dr. Mohd. Ibrahim Shaik : Asst. Prof; Dept. of Biochemistry

Coordinator : Dr. Sushil Pakyanadhan; Professor of Pathology

Asst Coordinator : Dr. Siddique Ahmed Khan; Assoc. Prof. of Biochemistry


Director / Dean / Principal


Signature of Assessor


SHADAN INSTITUTE OF MEDICAL SCIENCES
TEACHING HOSPITAL & RESEARCH CENTRE
(A Post Graduate Institute)

d) **Result of last Inspection** : Not Enhanced (Annexure – 11a)
(Copy of MCI letter to be attached)

Orthopaedics first LOP MCI Letter No.- No.MCI-259(22)/2011-Med.105375

Dated : 31-03-2012

(Annexure – 11b)

3. **Mode of selection (actual/proposed) of PG students.** :

*As per the merit in the P.G. Entrance Examination & rules framed
By the Dr. NTR University of Health Sciences*

4. **If course already started, year wise number of PG students admitted and available PG teachers during the last five years :**

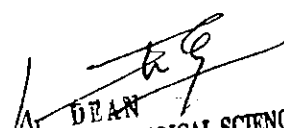
Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2014	Dr. Akhilesh Tadiboyina	N/A	1). Dr. K. Raja Babu 2). Dr. B Rama Krishna 3). Dr. P Narayana Prasad 4). Dr. J. Surendar Nath
	Dr. Vajrala Sahitya Mohan Rao	N/A	
2013	Dr. B. Sai Kumar	N/A	1). Dr. K. Raja Babu 2). Dr. B Rama Krishna 3). Dr. P Narayana Prasad 4). Dr. J. Surendar Nath
	Dr. S. Nishith Reddy	N/A	
2012	Dr. Mohammed Aejazuddin	N/A	1). Dr. K. Raja Babu 2). Dr. B Rama Krishna 3). Dr. P Narayana Prasad 4). Dr. J. Surendar Nath
	Dr. Muneeb Mirza	N/A	
2011	-	-	-

5. **General Departmental facilities:**

- Total no. of beds in the department : 90
- No. of Units in the department : Three
- Unit wise teaching Resident staff (Annexed) : as underneath



Signature of Assessor


DEAN
SHADAN INSTITUTE OF MEDICAL SCIENCES
TEACHING HOSPITAL & RESEARCH CENTRE
(A Post Graduate Institute)
Ward-509 009 A.P. INDIA

Unit wise teaching Resident Staff: Orthopaedics

Unit 1Bed strength 30

S. No	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deduction	PG QUALIFICATION			Experience					
					Subject with Year of passing	Institution	University	Designation	Institution	From	To	Period	* Benefit of Publications in Promotion Yes/No, if yes List Publications
1	Prof. & HOD	Dr. Kolangi Raja Babu 04-Dec-1945	Full time	AHAPK2596A	MBBS-1973	Andhra Medical College, Vizag	Andhra University	Tutor	Pondicherry Institute of Medical Sciences & Research, Pondicherry	1977	1980	3 yrs	
								Asst. Prof.	Kumool Medical College, Kumool	March, 1980	July, 1982	1 yrs 4 mths	
								Asst. Prof.	Osmania Medical College, Hyderabad	July, 1982	Oct, 1994	12 yrs 3 mths	
								Asst. Prof.	Rangaraya Medical College, Kakinada	1994	1995	1 yr	
								Assoc. Prof.	Osmania Medical College, Hyderabad	1995	1996	1 yr	
								Professor	Guntur Medical College, Guntur	1996	2003	7 yrs	
								Professor	Shadan Institute of Medical Sciences	23-03-2005	Till date	10 yrs	
2	Assoc. Prof.	Dr. N. Brahma Chary 09-Oct-1956	Full time	ACAPN3320Q	MBBS-1983	Gandhi Medical College, Sec'bad	Osmania University	Jr. Resi.	Osmania Medical College, Hyd.	1995	1998	3 yrs	
								Jr. Resi.	Gandhi Medical College, Sec'bad.	01-01-2001	04-05-2003	2 yrs 4 mths	
								Asst. Prof.	Gandhi Medical College, Sec'bad.	04-05-2003	31-10-2004	12 yrs 6 mths	
								Assoc. Prof.	Shadan Institute of Medical Sciences, Hyd.	01-11-2014	Till date	6 mths	
3	Asst. Prof.	Dr. E. Srinivas Radhe Shyam 31-Mar-1980	Full time	AAPPPE2551F	MBBS-2004	Osmania Medical College, Hyd.	Dr. NTR University of Health Sciences	Tutor	Osmania Medical College, Hyd.	2005	2008	3 yrs	
								Asst. Prof.	Shadan Institute of Medical Sciences, Hyd.	07-09-2011	Till date	2 yrs 4 mths	

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Signature of Assessor

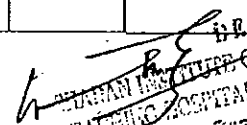
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SHADAN INSTITUTE OF MEDICAL SCIENCES
TEACHING HOSPITAL & RESEARCH CENTRE
(A Post Graduate Institute)
Hyderabad-500 085 A.P. INDIA

Unit 2Bed strength 30

S. No	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted	PG QUALIFICATION			Experience				
					Subject with Year of passing	Institution	University	Date wise teaching experience with designation & Institution				
								Designation	Institution	From	To	Period
1	Professor	Dr. B Rama Krishna 26-Jan-1946	Full time	ABYPB0898 C	MBBS-1972 MS - 1977	Kakatiya Medical College, Warangal Osmania Medical College, Hyderabad	Osmania University	Tutor	Osmania Medical College, Hyd.	1974	1977	3 yrs
								Asst. Prof.	Osmania Medical College, Hyd.	26-06-1978	31-07-1979	1 yr 1 mth
								Asst. Prof.	Osmania Medical College, Hyderabad	20-11-1982	19-02-1987	4 yrs 3 mths
								Asst. Prof.	SV Medical College, Tirupati	20-02-1987	24-08-1987	6 mths
								Asst. Prof.	Osmania Medical College, Hyderabad	25-08-1987	13-03-1996	8 yrs 7 mths
								Professor	Kurnool Medical College, Kurnool	14-03-1996	31-07-1996	4 mths
								Professor	Osmania Medical College, Hyderabad	01-08-1996	31-01-2004	7 yrs 6 mths
								Professor	Mediciti Institute of Medical Sciences	01-03-2004	27-09-2007	3 yrs 6 mths
								Professor	Kamineni Institute of Medical Sciences	29-09-2007	04-05-2008	8 mths
								Professor	Mediciti Institute of Medical Sciences	05-05-2008	31-01-2011	2 yrs 8 mths
Professor	Shadan Institute of Medical Sciences, Hyd.	05-02-2011	Till date	4 yrs 3 mths								
2	Asst. Prof.	Dr. Raj Kumar K 27-Aug-1970	Full time	MBBS-1992 MS-2000	JJM Medical College, Dhavangere, Kamataka Mahadevappa Rampure Medical College, Gulbarga	Mysore University, Mysore Rajiv Gandhi University of Health Sciences	Tutor	Mahadevappa Rampure Medical College, Gulbarga	01-05-1997	30-10-2000	3 yrs	
							Sr. Resi.	Nizam Institute of Medical Sciences, Hyd.	25-01-2001	19-01-2002	1 yr	
							Sr. Resi.	MNR Medical College, Sangareddy	08-07-2004	19-08-2006	2 yrs	
							Asst. Prof.	Shadan Institute of Medical Sciences, Hyd.	01-02-2010	till date	5 yrs 3 mths	
3	Asst. Prof.	Dr. Mohammed Abdul Azeem 06-Feb-1975	Full time	AQKPA209 7F MS-2009	Saint - Peters burg State Medical Academy Osmania Medical College, Hyd.	Saint Peters burg State Medical University Dr N T R University of Health Sciences	Tutor	Osmania Medical College, Hyd.	01-06-2006	30-06-2009	3 yrs	
							Asst. Prof.	Shadan Institute of Medical Sciences, Hyd.	01-09-2010	Till date	4 yr 8 mths	




Signature of Assessor



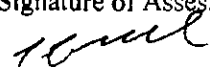



DR. B. R. N.
TEACHING INSTITUTE OF MEDICAL SCIENCES
HOSPITAL & RESEARCH CENTRE
(A Post Graduate Institute)
Hyderabad-500 008 A.P. INDIA

Unit 3Bed strength 30

S. No	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deduction	PG QUALIFICATION			Experience					
					Subject with Year of passing	Institution	University	Date wise teaching experience with designation & Institution					* Benefit of Publications in Promotion Yes/No, if ycs List Publications
								Designation	Institution	From	To	Period	
1	Professor	Dr. P Narayana Prasad 26-Feb-1953	Full time	ADFPP2200H	MBBS-1980 MS-1985 	Gandhi Medical College Osmania Medical College	Osmania University	Tutor	Osmania Medical College, Hyd.	1982	1985	3 yrs	
								Asst. Prof.	Osmania Medical College, Hyd.	18-02-1987	27-12-2000	13 yrs 10 mths	
								Assoc. Prof.	Osmania Medical College, Hyd.	27-12-2000	22-08-2006	5 yrs 8 mths	
								Professor	Gandhi Medical College, Sec'bad	22-08-2006	31-05-2010	3 yrs 9 mths	
								Professor	Osmania Medical College, Hyd.	01-06-2010	28-02-2011	9 mths	
								Professor	Shadan Institute of Medical Sciences, Hyd.	01-05-2011	Till date	4 yrs 3 mths	
2	Asst. Prof.	Dr. Sushanth M. V. 06-Jul-1977	Full time	ALQPM9759B	MBBS-1999 MS-2004 	Devan giri Medical College JSS Medical College, Mysore	Kuvum University	Tutor	JSS Medical College	01-03-2001	31-03-2004	3 yrs	
							RGUHS	Asst. Prof.	Shadan Institute of Medical Sciences, Hyd.	15-02-2011	Till date	4 yrs 3 mths	
3	Asst. Prof.	Dr. Thumu Madhu 27-May-1979	Full time	AELPT2709N	MBBS-2006 MS-2011 	Vinayaka Mission Medical College	Vinayaka Mission University Salem	Tutor	Vinayaka Mission Medical College	01-03-2008	30-03-2011	3 yrs	
								Sr. Res.	Shadan Institute of Medical Sciences, Hyd.	01-01-2014	Till date	1 yr 4 mths	
4	Sr. Resi.	Dr. Syed Peer Pasha 16-08-1959	Full time	A:RPS8301B	MBBS-1986	M R Medical College, Gulbarga	Gulbarga University	Jr. Resi.	Shadan Institute of Medical Sciences, Hyd.	10-05-2005	09-05-2009	5 yrs	
								Sr. Resi.	Shadan Institute of Medical Sciences, Hyd.	10-05-2009	Till date		

Signature of Assessor




 SHADAN INSTITUTE OF MEDICAL SCIENCE
 TEACHING HOSPITAL & RESEARCH CF
 (A. Post Graduate Institute)
 Hyderabad-500 005 A.P. INDIA

* Has any of these faculties member considered in PG/UG inspection at any other college after 01.03.2014. If yes, give details. : No

6 List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES	
		JOINING FACULTY	LEAVING FACULTY
Professor	-	-	-
Associate Prof.	2	1) Dr. N. Brahma Chary	1) Dr. J. Surender Nath
Assistant Prof.	1	-	1) Dr. Sukumar
SR/Tutor/Demons.	2	1) Dr. Mirza Atif Baig 2) Dr. Subash Bala Bandewa	-
Others :- Jr. residents	8	1) Dr. V. Sahitya Mohan Rao 2) Dr. Akhilesh Tadiboyina 3) Dr. Abrar Ahmed Khan 4) Dr. Singireddy Harshini 5) Dr. Mohammed Touseef Ahmed	1) Dr. Mohammed Mudassir Ali 2) Dr. Shagufta Fahmina 3) Dr. Sri Divya Vanguru

7. List of Non-teaching Staff in the department: -

Sl. No.	Name	Designation
1	Sheela Prakash	Technical Assistant / Technician
2	Sk. Arif	Laboratory Attendant
3	Yaseen Habeeb	Store Keeper
4	Domingo	Steno-Typist
5	Mohanti	Record Clerk
6	The Hospital has separate physiotherapy department & staff	

8. Available Clinical Material: (Give the data only for the department of Orthopaedics from May 2014 till April 2015)

- No. of Units available for clinical service on inspection day : 3 unit

	On the day of Inspection	Average of 3 random days
• Daily OPD. :	132	140
• Daily admissions :	17	19
• Daily admissions in Deptt. Through Casualty :	4	

Signature of Assessor

H. N. Reddy

H. N. Reddy
5
A
E
SHADAN INSTITUTE OF MEDICAL SCIENCES
(TEACHING HOSPITAL & RESEARCH CENTRE)
(Gandhinagar Institute)
Gandhinagar, Hyderabad - 500 038 (A.P., INDIA)

II. Any other intensive care service provided : Yes, RICU, SICU, NICU, PICU are available.

11 Specialty clinics being run by the department and number of patients in each

S.No.	Name of the Clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1	Fracture clinic	Daily	9.00 AM to 2.00 PM	150 / week	Dr. P. Narayana Prasad
2	CTEV clinic	Daily	9.00 AM to 2.00 PM	1/week	Dr. P. Narayana Prasad
3	Spine Clinic	Daily	9.00 AM to 2.00 PM	10/week	Dr. K. Raja Babu
4	Arthroplasty Clinic	Daily	9.00 AM to 2.00 PM	2/week	Dr. B. Rama Krishna
5	Hand Clinic	Daily	9.00 AM to 2.00 PM	5/week	Dr. B. Rama Krishna
6	Arthroscopy Clinic	Daily	9.00 AM to 2.00 PM	2/week	Dr. Mirza Atif Baig
7	Any other				

12. Services provided by the Department.

- (a) Joint replacement (Hip, Knee) : Yes
 (b) Trauma services : Yes
 (c) Arthroplasty : Yes
 (d) Arthroscopy : Yes
 (e) Spine surgery : Yes
 (f) Physiotherapy Section. : Yes
 (f) Investigative facilities like Nerve conduction, EMG etc. : Yes
 (g) Plaster room/Plaster cutting room : Yes
 (h) Other special diagnostic facilities being provided by the department. : Yes

13. Operation Theatres :-

- (a) Number of theatres : Major – 10 Theaters & Minor – 3 Theaters
 (b) Number of OT Tables : 13 OT Tables

Signature of Assessor

[Handwritten Signature]

[Handwritten Signature]
 DEAN
 SHADAN INSTITUTE OF MEDICAL SCIENCES
 TEACHING HOSPITAL & RESEARCH CENTRE
 (A Post Graduate Institute)
 -320009 G93 A.P. INDIA

18. Space:

	OPD	IPD
• No. of rooms	: 6	Available
• Patient Exam. Arrangement	: Available	Available
• Equipments	: Available	Available
• Teaching Space	: Available - 32 Sq. mt.	
• Waiting area for patients	: Available - 46 Sq. mt.	

19. Office Space:

• Departmental Office	: Available
• Space	: Available (30 Sq. mt.)
• Staff (Steno /Clerk)	: Available (one)
• Computer/ Typewriter	: Computer available with Printer

Office Space for Teaching Faculty:

• HOD	: Available - 30 Sq. mt.
• Professors	: Available - 30 Sq. mt.
• Assoc. Prof.	: Available - 18 Sq. mt.
• Asstt. Professor	: Available - 23 Sq. mt.
• Residents	: Available - 15 Sq. mt. (For Sr. Resi) For Jr. Resi - 18 Sq. mt. (Available)

20. Clinic Pathological conference : Yes


21. Death Review Meetings : Yes

22. Submission of data to national authorities if any : Yes, from the Hospital.

23. Publications from the department during the last 3 years in indexed and non-indexed journals.

Signature of Assessor



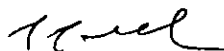

 DEAN
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 TEACHING HOSPITAL & RESEARCH CENTRE
 Post Graduate Institute)
 500 008 A.P. INDIA


1	C.P.M. Machine	Available
2	Electronic Intermittent umber cervical	Available
3	Electrotherapy	Available
4	Galvanic Fradic Stimulator Diagnostic	Available
5	Hot Pack (Large)	Available
6	Hot Pack (Medium)	Available
7	Hydro collator moist heat therapy unit	Available
8	I.R.R. Lamp (Luminous)	Available
9	I.R.R. Lamp (Non-Luminous)	Available
10	Interferrenital therapy machine kodys make	Available
11	Paraffin wax bath	Available
12	Short wave diathermy 500watts	Available
13	Tens (Pocket model) (B.M.S)	Available
14	Ultra Sound Digital Middle with variable	Available

EXERCISE THERAPY

1	Ankle Exercise	Available
2	Bed for Guthrie suspension frame	Available
3	Bed for automatic intermiten transaction	Available
4	Exercise spring with double Hook	Available
5	Exercise Spring with handle	Available
6	Fiinger exercise Kit	Available
7	Finger Exercise table - powder coated	Available
8	Grip Exerciser four spring	Available
9	Guthrie smit suspension frame powder	Available
10	Overhead brass pully with shoulder	Available
11	Parallel bar deluxe model	Available
12	Postural training mirror powder coated	Available
13	Quadriceps table with black rest (12kg)	Available
14	Rowing machine (spring model) (C.P)	Available
15	Shoulder ladder M.S powder coated	Available
16	Shoulder wheel with adjustable resistance	Available
17	Sling with roap hook & cleat	Available
18	Static Bed Cycle	Available
19	Stationery Bicycle with adjustable resistance	Available
20	Tilt table manual	Available
21	Wrist Exerciser	Available

Signature of Assessor




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(e) Group discussions held in last 12 months
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet)

Number : 11
Available & Verified

(f) Guest lectures held in last 12 months
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet)

Number : 18
Available & Verified

24. Any other information :-

- a) The Hospital provides free services to the patients and also the drugs are given free of charges to the patients & routine investigations are done free of cost.
- b). CT Scan, MRI, X-rays available round the clock.
- c). Blood Bank Available round the clock with components.
- d). Centralised Lab.
- e). 24 hours Emergency Services Provided.
- f). Transportation facility available for 24 hours.
- g). Free camps including Surgeries & Deliveries conducted regularly.
- h). School Health Programmes in surrounding schools is being conducted on regular intervals.


Head of the Department

Professor & HOD Orthopaedic
Shadan Institute of Medical Sciences
Teaching Hospital & Research Centre
A Post Graduate Institute
Himayathsagar Road, Hyderabad-008 A.P.

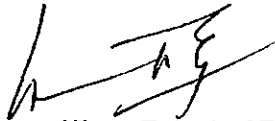

Signature of Assessor


Director / Dean / Principal
DEAN

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10. Year of 1st batch pass out
(mention name of previous/existing University)

Degree Course : 1st batch is undergoing today's examination
conducted by Dr. NTR University of Health
Sciences, Vijayawada.



Signature of Dean/Principal/Director

DEAN

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- Note: (i) Please do not appoint retired faculty as External Examiner
(ii) There should be two internal and two external examiners. If there are no two internal examiners available in the department then only appoint three external examiners.



Signature of Assessor



Signature of Assessor