**Annexure- CM - ORTHO**

**Spectrum of Surgical Procedures performed by the department of Orthopaedics:** Spectrum of procedures available in the department in last 3 years

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| **Spectrum of Surgical Procedures (Indicative Spectrum of Diagnosis is listed below)** | **Year wise no. of Clinical / Surgical Procedures** |
| **2019** | **2018** | **2017** |
| THR |  |  |  |
| TKR |  |  |  |
| Hemiarthroplasty & AMP/Modular bipolar |  |  |  |
| Femur Nailing Interlocking |  |  |  |
| Tibia Nailing & Interlocking |  |  |  |
| Humerus ORIF |  |  |  |
| Femur ORIF |  |  |  |
| Tibia ORIF |  |  |  |
| Distal Radius |  |  |  |
| Elbow ORIF |  |  |  |
| Ankle ORIF |  |  |  |
| Fibula ORIF |  |  |  |
| ACLR |  |  |  |
| ACL, PCL, MCL |  |  |  |
| Ex – Fix |  |  |  |
| ORIF Fixator |  |  |  |
| Illizaro |  |  |  |
| Micro Disectomy |  |  |  |
| Laminectomy |  |  |  |
| Lumbar Fixation |  |  |  |
| Posterior Stabilization |  |  |  |
| Arthroscopy (Shoulder, Knee) |  |  |  |
| Tendon Repair |  |  |  |
| Amputation |  |  |  |
| TBW |  |  |  |
| K – wire fixation |  |  |  |
| Soft tissue release  |  |  |  |
| Manipulation  |  |  |  |
| Diagnostic Arthroscopic |  |  |  |
| Joint reduction |  |  |  |
| Debridement |  |  |  |
| Amputation |  |  |  |
| Close manipulation + POP cast |  |  |  |
| Others |  |  |  |

**Date:**

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| **Signatures of Head of the Department** **with stamp** | **Signature with official stamp of Administrative Head of the Institute/Hospital**(Authorized signatory on behalf of applicant hospital) |