|  |  |
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|  | **Specialty Specific Application Form****For Secondary Hospital****DNB – Physical Medicine and Rehabilitation** |
| 1. **This Specialty Specific Application Form has been designed for filling up the data / information related to SECONDARY INSTITUTE / HOSPITAL only under the Joint Accreditation Scheme**
2. **However, the information related to IPD, OPD, Case Mix/Spectrum of Diagnosis, Surgical case load have to be filled up for both Primary & Secondary Hospital in the separate tables given in this application form.**
 |

 **General Information of Applicant Department**

|  |  |
| --- | --- |
| **1.** | **GENERAL INFORMATION OF THE DEPARTMENT FOR WHICH ACCREDITATION IS BEING SOUGHT** |
| **1.1.** | Unique Online Application Registration ID |  |
| **1.2.** | Nature of Application |  |
| **1.3.** | Name of the Specialty |  |
| Whether the hospital is running any parallel academic programme of similar nature (in affiliation with other universities/organization) for 2-3 years (or more) duration |

|  |  |
| --- | --- |
| Yes/No | **If yes:** |
| Programme Name | Programme Duration (in year) |
|  |  |  |

 |
| **1.4.** | Name of Applicant Institution / Hospital |  |
| **1.5.** | Address of the Institution / Hospital |  |
| **1.6.** | Name of the Parent Company (as per RoC/ Trust / Society/ Charity) running the hospital / institute) |  |
| **1.7.** | Head of the Department / Course Director |

|  |  |  |
| --- | --- | --- |
| Name | Mobile Number | Email ID |
|  |  |  |

 |

 **Infrastructure in the Department**

|  |  |
| --- | --- |
| **2.1.** | **BEDS IN THE APPLICANT DEPARTMENT** |
|  | Total Operational Beds in the Applicant Department | Number of General Beds \* in the Applicant Department |
|  |  |

\* **General Beds:** General Beds are those *'earmarked'* beds/cases whose patients shall be accessible at all times for supervised clinical work to DNB trainees. Data of patients admitted on such beds or such cases shall be accessible to DNB trainees for research purposes subject to applicable ethical guidelines and clearances from institutional Ethics Committee & institutional policies. As per NBEMS norms, at least 30% beds should be allocated.

 **Patient Load**

|  |  |
| --- | --- |
| **3.** | **PATIENT LOAD IN THE SPECIALTY** |
| **3.1.** | **IPD Admissions in the Applicant Department (Exclusively for Physical Medicine and Rehabilitation)** |
|  |

|  |
| --- |
| **IPD details of SECONDARY HOSPITAL ONLY** |
| Year | Total Number of Patient admitted in the department | Total Number of General\* Patient admitted in the department |
| 2022 |  |  |
| 2021 |  |  |
| 2020 |  |  |

|  |
| --- |
| **IPD details of PRIMARY HOSPITAL ONLY** |
| Year | Total Number of Patient admitted in the department | Total Number of General\* Patient admitted in the department |
| 2022 |  |  |
| 2021 |  |  |
| 2020 |  |  |

 |
| **3.2.** | **OPD Registration by the Applicant Department (Exclusively for Physical Medicine and Rehabilitation)** |
|  |  |
|  | **OPD details of SECONDARY HOSPITAL ONLY** |  |
|  | Year | Total Number of Patients registered by the department | Total Number of General\* Patient registered by the department |  |
| 2022 |  |  |  |
| 2021 |  |  |  |
| 2020 |  |  |  |
|  |  |

|  |
| --- |
| **OPD details of PRIMARY HOSPITAL ONLY** |
| Year | Total Number of Patients registered by the department | Total Number of General\* Patient registered by the department |
| 2022 |  |  |
| 2021 |  |  |
| 2020 |  |  |

  |  |
| **3.3.** | Case Mix/Spectrum of Diagnosis Available in the Specialty: |
|  |  |
|  | **Case Mix/Spectrum of Diagnosis of SECONDARY HOSPITAL ONLY** |  |
|  |  |
|  | Case Mix / Spectrum of Clinical/Surgical Diagnosis | Year Wise No. of Clinical Cases/ Surgical Procedures |  |
| 2022 | 2021 | 2020 |  |
| **External/ Noninvasive Interventions** |  |
| CPR, ABLS |  |  |  |  |
| Nebulization |  |  |  |
| Inhaler administration |  |  |  |
| Manipulation |  |  |  |
| Ponsetti technique |  |  |  |
| Massage |  |  |  |
| Credes maneuvers |  |  |  |
| Postural drainage |  |  |  |
|  | Manual lymphatic drainage |  |  |  |
| Skin Traction |  |  |  |
| Dressing |  |  |  |
| Bandaging |  |  |  |
| Transfer activities, |  |  |  |
| Self-help basic ADLs |  |  |  |
| Gait training |  |  |  |
| Crutch gait training |  |  |  |
| Wheelchair activities/ manoeuvres |  |  |  |
| POP casting |  |  |  |
| Therapeutic exercises |  |  |  |  |
| NDT, PNF |  |  |  |  |
|  |  | Counseling |  |  |  |  |
| Behaviour therapy |  |  |  |  |
| Aquatic therapy |  |  |  |  |
| Electrical stimulation |  |  |  |  |
| FES |  |  |  |  |
| Strapping |  |  |  |  |
| Splinting |  |  |  |  |
| Orthoses |  |  |  |  |
| Immediate Post Op Prosthesis |  |  |  |  |
| Physical Agents and Electrotherapeutic Equipment like Cold, Heat, Diathermy, Ultrasound, LASER etc. |  |  |  |  |
| **Invasive Interventions** |  |
| Skull traction |  |  |  |  |
| **Injections** |  |
| Peri-articular injection |  |  |  |  |
| Tendon-sheath injection |  |  |  |  |
| Intra-articular injection including viscosupplementation |  |  |  |  |
| Joint aspiration/ injection |  |  |  |  |
| Bursa aspiration/ injection |  |  |  |  |
|  | Ganglion decompression |  |  |  |  |
| Trigger point injection |  |  |  |
| Spinal injections e.g. Epidural injection |  |  |  |
| Botulinum toxin injection |  |  |  |
| Platelet rich plasma injections |  |  |  |
| Prolotherapy |  |  |  |
| Ultrasound guided injections |  |  |  |
| Penile injections |  |  |  |
| Facet joint injection |  |  |  |
| SI joint injection |  |  |  |
|  |
|  |  |  |  |  |
|  |  | TM joint injection |  |  |  |  |
| Nascent Nitrogen, Ozone or CO2 intraparticular/ |  |  |  |  |
|   |  |  |  |  |  |  |
| intra-discal instillation |  |  |  |  |
| **Blocks** |  |
| Nerve Blocks e.g. Phenol, Lignocaine |  |  |  |  |
| Motor point blocks |  |  |  |  |
| Regional nerve blocks |  |  |  |  |
| Stellate ganglion block |  |  |  |  |
| Coeliac plexus nerve block |  |  |  |  |
| **Instillations:** |  |
| Intravesical instillation of anti-cholinergics |  |  |  |  |
| **Surgical Interventions** |  |
| Debridement of pressure sores |  |  |  |  |
| Release of compressive neuropathies,repositioning of nerves |  |  |  |  |
| Tenotomy- subcutaneous, open |  |  |  |  |
| Soft tissue release |  |  |  |  |
| Tendon lengthening |  |  |  |  |
| Tendon transfers |  |  |  |  |
| Release of pulleys in hand |  |  |  |  |
| Joint stabilization/ Arthrodesis |  |  |  |  |
|  |  | Excision arthroplasty |  |  |  |  |
| Insertion of wires, K wire, pins and rods |  |  |  |  |
| External fixator ` Ilizarov, JESS |  |  |  |  |
| Osteotomies e.g. for Genu valgum /varum, hip etc. |  |  |  |  |
| Amputation/ Revision amputation |  |  |  |  |
| Anaesthetic foot surgeries e.g. |  |  |  |  |
| TA lengthening, ulcer management |  |  |  |  |
| CTEV -STR, bony correction |  |  |  |  |
| Synovectomy, Capsuloplasty, repositioning/ repair of tendons etc. in rheumatoid hand |  |  |  |  |
| Excision of ganglion |  |  |  |  |
| Skin grafting |  |  |  |  |
|  |  |
|  |  | Skin flaps rotation |  |  |  |  |
| Contracture release like at hip, knee, elbow, neck (sternomastoid tumor), hand |  |  |  |  |
| Congenital anomalies correction |  |  |  |  |
| Urethral Dialatation |  |  |  |  |
| Urethral Repair |  |  |  |  |
| Sphincteromy |  |  |  |  |
| Sphincter Stent Prosthesis |  |  |  |  |
| Baloon Dialation |  |  |  |  |
| Penoscrotal Fistula repair. |  |  |  |  |
| Sacral Anterior Root Stimulation |  |  |  |  |
| Spinal Cord Stimulation |  |  |  |  |
| **Scopies/Advanced Interventions/Miscellaneous** |  |
| **Scopies** |  |
| Arthroscopy- diagnostic and therapeutic |  |  |  |  |
| Cystoscopy in neurogenic bladder |  |  |  |  |
| Proctoscopy |  |  |  |  |
| **Advanced Interventions** |  |
| Intra-thecal pump |  |  |  |  |
| Neuro-prosthetic implants |  |  |  |  |
| Osseointegration |  |  |  |  |
| Stem cells therapy |  |  |  |  |
| **Miscellaneous:** |  |
| Endotracheal suction |  |  |  |  |
| Endo-Tracheal Intubation |  |  |  |  |
| Nasogastric tube |  |  |  |  |
| Flatus tube |  |  |  |  |
| Catheterization |  |  |  |  |
| Digital evacuation |  |  |  |  |
| Stoma care |  |  |  |  |
| Central venous line |  |  |  |  |
|  |  |  |  |  |
|  |  | Insertion of intercostals drainage tube |  |  |  |  |
| Venti mask/ nasal prong |  |  |  |  |
| Arterial blood sample |  |  |  |  |
| Vitals monitoring |  |  |  |  |
| Venesection |  |  |  |  |
| Incision and drainage |  |  |  |  |
| Pulse oxymetry |  |  |  |  |
| Tourniquet application |  |  |  |  |
| Brain death identification |  |  |  |  |
| Diagnostic Interventions |  |  |  |  |
| EMG, NCV and other electrodignostic tests |  |  |  |  |
| Musculoskeletal Ultrasound |  |  |  |  |
| Urodynamic Evaluations |  |  |  |  |
| Instrumental Gait Analysis |  |  |  |  |
| Foot pressure analysis |  |  |  |  |
| Dynamic posturography |  |  |  |  |
| Trans cutaneous oxymetry |  |  |  |  |
| Test for autonomic dysfunction |  |  |  |  |
| Cutaneous Thermography |  |  |  |  |
| Spondylometry |  |  |  |  |
| Body composition analysis |  |  |  |  |
| Instrumental ADL assessment |  |  |  |  |
| Dynamometry |  |  |  |  |
| Goniometry |  |  |  |  |
| Doppler test |  |  |  |  |
| Exercise Testing |  |  |  |  |
| Pulmonary Function Testing |  |  |  |  |
| Isokinetic Exercise Testing |  |  |  |  |
| Driving and work simulation |  |  |  |  |
| Body weight supported treadmill testing/ training |  |  |  |  |
|  |  |  |  |  |  |  |
| Robotics- testing/ training |  |  |  |  |
| Audiometry |  |  |  |  |
| Biofeedback |  |  |  |  |
| Video fluoroscopic evaluation of |  |  |  |  |
| swallowing |  |  |  |  |
| Modified barrium swallow |  |  |  |  |
| Cine esophagogram |  |  |  |  |
| Palato phangeal analysis |  |  |  |  |
| Fiber optic endoscopy examination of |  |  |  |  |
| swallow |  |  |  |  |
| Instrumental Swallowing assesment |  |  |  |  |
| Ultrasound Evaluation of Swallowing |  |  |  |  |
| Intraluminal pharyngeal manometry |  |  |  |  |
| Electro magnetic articulography |  |  |  |  |
| Esophageal manometry |  |  |  |  |
| Hyperbaric oxygen therapy |  |  |  |  |
| Vaccum Assisted Closure (VAC) |  |  |  |  |
| Robotic Interactive Therapy |  |  |  |  |
| Virtual Reality |  |  |  |  |
| Ambient Intelligence |  |  |  |  |
| Transcranial Magnetic Stimulation |  |  |  |  |
| Optokinetic Stimulation |  |  |  |  |
| **Any other Diagnosis / Procedures that are not listed above** |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |

|  |  |
| --- | --- |
| **Case Mix/Spectrum of Diagnosis of PRIMARY HOSPITAL ONLY** |  |
|  |
| Case Mix / Spectrum of Clinical/Surgical Diagnosis | Year Wise No. of Clinical Cases/ Surgical Procedures |  |
| 2022 | 2021 | 2020 |  |
| **External/ Noninvasive Interventions** |  |
| CPR, ABLS |  |  |  |  |
| Nebulization |  |  |  |
| Inhaler administration |  |  |  |
| Manipulation |  |  |  |
| Ponsetti technique |  |  |  |
| Massage |  |  |  |
| Credes maneuvers |  |  |  |
| Postural drainage |  |  |  |
| Manual lymphatic drainage |  |  |  |
| Skin Traction |  |  |  |
| Dressing |  |  |  |
| Bandaging |  |  |  |
| Transfer activities, |  |  |  |
| Self-help basic ADLs |  |  |  |
| Gait training |  |  |  |
| Crutch gait training |  |  |  |
| Wheelchair activities/ manoeuvres |  |  |  |
| POP casting |  |  |  |
| Therapeutic exercises |  |  |  |  |
| NDT, PNF |  |  |  |  |
|  | Counseling |  |  |  |  |
| Behaviour therapy |  |  |  |  |
| Aquatic therapy |  |  |  |  |
| Electrical stimulation |  |  |  |  |
| FES |  |  |  |  |
| Strapping |  |  |  |  |
| Splinting |  |  |  |  |
| Orthoses |  |  |  |  |
| Immediate Post Op Prosthesis |  |  |  |  |
| Physical Agents and Electrotherapeutic Equipment like Cold, Heat, Diathermy, Ultrasound, LASER etc. |  |  |  |  |
| **Invasive Interventions** |  |
| Skull traction |  |  |  |  |
| **Injections** |  |
| Peri-articular injection |  |  |  |  |
| Tendon-sheath injection |  |  |  |  |
| Intra-articular injection including viscosupplementation |  |  |  |  |
| Joint aspiration/ injection |  |  |  |  |
| Bursa aspiration/ injection |  |  |  |  |
|  | Ganglion decompression |  |  |  |  |
| Trigger point injection |  |  |  |
| Spinal injections e.g. Epidural injection |  |  |  |
| Botulinum toxin injection |  |  |  |
| Platelet rich plasma injections |  |  |  |
| Prolotherapy |  |  |  |
| Ultrasound guided injections |  |  |  |
| Penile injections |  |  |  |
| Facet joint injection |  |  |  |
| SI joint injection |  |  |  |
|  | TM joint injection |  |  |  |  |
| Nascent Nitrogen, Ozone or CO2 intraparticular/ |  |  |  |  |
|  |  |  |  |  |  |
| intra-discal instillation |  |  |  |  |
| **Blocks** |  |
| Nerve Blocks e.g. Phenol, Lignocaine |  |  |  |  |
| Motor point blocks |  |  |  |  |
| Regional nerve blocks |  |  |  |  |
| Stellate ganglion block |  |  |  |  |
| Coeliac plexus nerve block |  |  |  |  |
| **Instillations:** |  |
| Intravesical instillation of anti-cholinergics |  |  |  |  |
| **Surgical Interventions** |  |
| Debridement of pressure sores |  |  |  |  |
| Release of compressive neuropathies,repositioning of nerves |  |  |  |  |
| Tenotomy- subcutaneous, open |  |  |  |  |
| Soft tissue release |  |  |  |  |
| Tendon lengthening |  |  |  |  |
| Tendon transfers |  |  |  |  |
| Release of pulleys in hand |  |  |  |  |
| Joint stabilization/ Arthrodesis |  |  |  |  |
|  | Excision arthroplasty |  |  |  |  |
| Insertion of wires, K wire, pins and rods |  |  |  |  |
| External fixator ` Ilizarov, JESS |  |  |  |  |
| Osteotomies e.g. for Genu valgum /varum, hip etc. |  |  |  |  |
| Amputation/ Revision amputation |  |  |  |  |
| Anaesthetic foot surgeries e.g. |  |  |  |  |
| TA lengthening, ulcer management |  |  |  |  |
| CTEV -STR, bony correction |  |  |  |  |
| Synovectomy, Capsuloplasty, repositioning/ repair of tendons etc. in rheumatoid hand |  |  |  |  |
| Excision of ganglion |  |  |  |  |
| Skin grafting |  |  |  |  |
|  |  |
|  | Skin flaps rotation |  |  |  |  |
| Contracture release like at hip, knee, elbow, neck (sternomastoid tumor), hand |  |  |  |  |
| Congenital anomalies correction |  |  |  |  |
| Urethral Dialatation |  |  |  |  |
| Urethral Repair |  |  |  |  |
| Sphincteromy |  |  |  |  |
| Sphincter Stent Prosthesis |  |  |  |  |
| Baloon Dialation |  |  |  |  |
| Penoscrotal Fistula repair. |  |  |  |  |
| Sacral Anterior Root Stimulation |  |  |  |  |
| Spinal Cord Stimulation |  |  |  |  |
| **Scopies/Advanced Interventions/Miscellaneous** |  |
| **Scopies** |  |
| Arthroscopy- diagnostic and therapeutic |  |  |  |  |
| Cystoscopy in neurogenic bladder |  |  |  |  |
| Proctoscopy |  |  |  |  |
| **Advanced Interventions** |  |
| Intra-thecal pump |  |  |  |  |
| Neuro-prosthetic implants |  |  |  |  |
| Osseointegration |  |  |  |  |
| Stem cells therapy |  |  |  |  |
| **Miscellaneous:** |  |
| Endotracheal suction |  |  |  |  |
| Endo-Tracheal Intubation |  |  |  |  |
| Nasogastric tube |  |  |  |  |
| Flatus tube |  |  |  |  |
| Catheterization |  |  |  |  |
| Digital evacuation |  |  |  |  |
| Stoma care |  |  |  |  |
| Central venous line |  |  |  |  |
|  |  |  |  |  |
|  | Insertion of intercostals drainage tube |  |  |  |  |
| Venti mask/ nasal prong |  |  |  |  |
| Arterial blood sample |  |  |  |  |
| Vitals monitoring |  |  |  |  |
| Venesection |  |  |  |  |
| Incision and drainage |  |  |  |  |
| Pulse oxymetry |  |  |  |  |
| Tourniquet application |  |  |  |  |
| Brain death identification |  |  |  |  |
| Diagnostic Interventions |  |  |  |  |
| EMG, NCV and other electrodignostic tests |  |  |  |  |
| Musculoskeletal Ultrasound |  |  |  |  |
| Urodynamic Evaluations |  |  |  |  |
| Instrumental Gait Analysis |  |  |  |  |
| Foot pressure analysis |  |  |  |  |
| Dynamic posturography |  |  |  |  |
| Trans cutaneous oxymetry |  |  |  |  |
| Test for autonomic dysfunction |  |  |  |  |
| Cutaneous Thermography |  |  |  |  |
| Spondylometry |  |  |  |  |
| Body composition analysis |  |  |  |  |
| Instrumental ADL assessment |  |  |  |  |
| Dynamometry |  |  |  |  |
| Goniometry |  |  |  |  |
| Doppler test |  |  |  |  |
| Exercise Testing |  |  |  |  |
| Pulmonary Function Testing |  |  |  |  |
| Isokinetic Exercise Testing |  |  |  |  |
| Driving and work simulation |  |  |  |  |
| Body weight supported treadmill testing/ training |  |  |  |  |
|  |  |  |  |  |  |
| Robotics- testing/ training |  |  |  |  |
| Audiometry |  |  |  |  |
| Biofeedback |  |  |  |  |
| Video fluoroscopic evaluation of |  |  |  |  |
| swallowing |  |  |  |  |
| Modified barrium swallow |  |  |  |  |
| Cine esophagogram |  |  |  |  |
| Palato phangeal analysis |  |  |  |  |
| Fiber optic endoscopy examination of |  |  |  |  |
| swallow |  |  |  |  |
| Instrumental Swallowing assesment |  |  |  |  |
| Ultrasound Evaluation of Swallowing |  |  |  |  |
| Intraluminal pharyngeal manometry |  |  |  |  |
| Electro magnetic articulography |  |  |  |  |
| Esophageal manometry |  |  |  |  |
| Hyperbaric oxygen therapy |  |  |  |  |
| Vaccum Assisted Closure (VAC) |  |  |  |  |
| Robotic Interactive Therapy |  |  |  |  |
| Virtual Reality |  |  |  |  |
| Ambient Intelligence |  |  |  |  |
| Transcranial Magnetic Stimulation |  |  |  |  |
| Optokinetic Stimulation |  |  |  |  |
| **Any other Diagnosis / Procedures that are not listed above** |  |  |

 |
| **3.4.** | **SPECIAL CLINICS***Name of special clinics (as relevant to the specialty) and the number of times the clinic is held in a week.* |
|

|  |  |  |
| --- | --- | --- |
| Name of Clinics | No. of times per week | Total number of cases seen last year |
|  |  |  |
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 **Academic Facilities & Infrastructure**

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| --- | --- |
| **4.** | **ACADEMIC FACILITIES & INFRASTRUCTURE** |
| **4.1.** | Number of Books available for DNB - Physical Medicine and Rehabilitation Programme in the Hospital/Institute Library |  |
| **4.2.** | Details of Journals subscribed for DNB - Physical Medicine and Rehabilitation trainees |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category | Title of the Journal | Version | Publisher Details | Date of Subscripti on | Validity up to (Year) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 |
| **4.3.** | **Rotational Posting of Trainees***DNB -* Physical Medicine and Rehabilitation *trainees should be rotated / posted in different modalities / departments / areas / OTs such that exposure as prescribed can be ensured.* |
|  |
|  | Department / Area of Rotation | Tentative schedule**(In Days OR Month(s))** | Name & Address of the institute/ hospital where trainees are posted for rotation | SupervisingConsultant Name |  |
| Orthopedics | Total 6 months(The duration of posting in different departments will be 15 days to 1 month, as per availability of different services and mutual agreement between heads of the departments/ institutions) |  |  |  |
| Internal Medicine |  |  |  |
|  |  |  |
|   |  | Pediatrics |  |  |  |
| Neurology |  |  |  |
| Neurosurgery |  |  |  |
| Cardiology and Cardiothoracic Surgery |  |  |  |
| Pulmonary/Respiratory Medicine |  |  |  |
| Burns and Plastic Surgery |  |  |  |  |
| Psychiatry |  |  |  |
| Urology |  |  |  |
| Accident & Emergency |  |  |  |
| Intensive Care Unit |  |  |  |
|  |  | HDU (High Dependency Unit) |  |  |  |
|  |  | ENT |  |  |  |
|  |  | Ophthalmology |  |  |  |
|  |  | Elective posting | 15 days |  |  |  |
|  |  | PMR | Rest of the period |  |  |  |

 **Full Time Faculty/Staff**

|  |  |
| --- | --- |
| **5.1.** | **FULL TIME STAFF IN THE APPLICANT DEPARTMENT*****(Please refer Information Bulletin for Accreditation for details of Minimum Faculty requirements)*** |
|  | Faculty declaration form for the faculty in Secondary Hospital & all their supportive documents related to the full time status of faculty must be filled and uploaded on the same web page where the faculty details of Primary Hospital / Institution have been submitted on Online Application Form. |
|  |

 **Academic Sessions & Track Record**

|  |  |
| --- | --- |
| **6.1.** | **TRACK RECORD OF DNB - Physical Medicine and Rehabilitation TRAINEES IN FINAL / EXIT EXAMINATIONS CONDUCTED BY NBEMS:** |
| **PLEASE PROVIDE THE DETAILS OF LAST 5 YEARS ONLY** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Training Status of Candidate | Name of the Candidate | NBEMSRegistration Number | Year in which last appeared for Final / Exit Examinations | Year for Thesis Acceptance**(Applicable for DNB Programme only)** | Result |
| Theory | Practical |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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 |
|  | **SINCE GRANT OF FIRST ACCREDITATION TO THE APPLICANT DEPARTMENT:** |
| a. | How many DNB - Physical Medicine and Rehabilitation Trainees have been registered in the department? |  |
| b. | How many DNB - Physical Medicine and Rehabilitation Trainees have completed their training? |  |
| c. | How many DNB - Physical Medicine and Rehabilitation Trainees have qualified their Final / Exit Exams? |  |
| **DECLARATION:**I, , am duly authorized to act for and on behalf of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** acting in my official capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for submitting the application of Accreditation for DNB - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the year \_\_\_\_\_\_\_\_\_\_\_\_. I, do hereby undertake and declare that:1. I am competent to make this submission regarding the application for seeking accreditation in DNB - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to National Board of Examinations in Medical Sciences
2. The facts stated in this application are correct and based on official records and I shall be liable for any wrong or incorrect data/information submitted.
3. This hospital / institute has understood the terms, conditions, instructions, minimum accreditation criteria etc. indicated in the Information bulletin for accreditation and agree to abide by the same.
 |

|  |
| --- |
| **Date:****Place:** |
| **Secondary Hospital / Institute****Signature with official stamp of Administrative Head of the****Secondary Institute/Hospital**(Authorized signatory on behalf of Secondary hospital)**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Primary Applicant Hospital / Institute****Signature with official stamp of Administrative Head of the****Primary Institute/Hospital**(Authorized signatory on behalf of Primary applicant hospital)**Name:** **Designation:**  |