



SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION AND RESEARCH

(A Deemed to be University declared under Section 3 of UGC Act 1956)

Comprising Sri Devaraj Urs Medical College

[Constituent unit of Sri Devaraj Urs Educational Trust for Backward Classes (Regd.)]

TAMAKA, KOLAR-563 103, KARNATAKA, INDIA

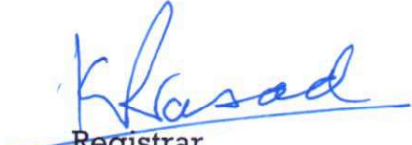
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No.SDUAHER/KLR/ADMIN/ 476 /2020-21

Date : 22nd June 2020

NOTE

Hon'ble Vice Chancellor of Sri Devaraj Urs Academy of Higher Education and Research, Tamaka, Kolar, after duly scrutinizing and evaluating the representation of Dr.Prashanthi.M, Final year Diploma, Department of Anaesthesia, SDUMC, Tamaka, Kolar (Vide No.1816 dated 19.06.2020) has approved her request to allot thirty minutes extra to complete her Theory paper examinations.


Registrar

Sri Devaraj Urs Academy of Higher
Education and Research
Tamaka, Kolar - 563 103.

✓ To,

The Controller of Examinations,
SDUAHER, Tamaka,
Kolar.

Copy to:

1. The Principal, SDUMC and Chief Superintendent of Examinations, SDUAHER.
2. O/c.



Journal
of
CE & CES

place - Tamaka, Kolar

Date - 18/06/2022

From,

Dr. Prashanthi . M.

Final year [Diploma]

Dept. of Anaesthesia

1
Kasad
19/06/2022

2916



SDUMC, Tamaka, Kolar
Mob - 9952035117

To,

The Principal,

SDUMC, Tamaka, Kolar.

Respected Sir,

Subject : Regarding requesting for Extra
30 minutes for writing Exams.

Forwarded to The
Registrar SDUAHER
for need of
Principal
Sri Devaraj Urs Medical College
Tamaka, Kolar - 562
19-06-22

With the reference to above, myself Br. Prashanthi of Anaesthesia Dept is bringing to your notice that I had met with an accident & had injury to right index finger and been operated for tendon injury I had taken physiotherapy later and still in a recovery phase. Since Exams are nearby on June 2 and I still unable to write and perform movement on regular basis. kindly request to provide Extra 30 minutes, so that it could help to fill the gap and perform better.

Kindly consider my request and do the need full.

Thanking you,

Yours Obidiently

Dr. Prashanthi.M

Prashanthi.

To produce ① disability certificate
② certified by orthopaedic surgeon
+ attach discharge summary

To proceed further.

Discussed and examined R. Prashanthi's right hand. - there is gross restriction of index finger movement which will prevent working movement & she has to use middle finger instead of index and the pain of index can be considered - ie 30% extra time incurred of temporary disability

18/06/20

Dr. Hariprasad S
19/06/20
Office No. 602/2
KMC 602/2

S. Anand S.
19/6/20

Appendix II

[see paragraph 1.2.4 (b) and 2.2 (b)]

FORM A:

ASSESSMENT PROFORMA FOR UPPER EXTREMITY

Name..... DR. PRASANTHI Age..... 28 Sex..... F.....

Reg. No. 844856

Diagnosis Zone 5 extensor tendon injury on (R) hand.

Address..... SDDMC

OPD..... Ortho 1 Deptt..... Orthopaedics

ARM COMPONENT(Total value 90%)

ARM COMPONENT	Component	Normal value (degrees)	Rt Side	Left Side	Loss Of % Right Side	Loss Of % Left Side	Mean % loss Rt. Lt.	Sum Of % Loss Rt. Lt.	Combining Value rt. Lt.	% Summary Value for Component
Range of movement (active) value 90 % shoulder	Flexion & extension	180+50=230	230							
	Abduction & adduction	180+50=230	230							
	Medial rotation & Lateral rotation	80+90=170	170							
Range of movement (active) value 90 % Elbow	Flexion & extension	150	150							
	Pronation & Supination	80+85=165	165							
Range of movement (active) value 90 % Wrist	Flexion & extension	80+70=150	150							
	Radial Deviation & Ulnar Deviation	20+50=70	70							
Range of movement (active) value 90 % Thumb CMC	Abduction	70	70							
	Flexion	15	15							
	Extension	20	20							

Index finger (2nd digit)

	Opposition	Tip of thumb to base or tip of 5 th digit	✓						
Thumb MCP	Flexion	50	50						
Thumb IP	Flexion	80	80						
Digits 2-5 MCP	Flexion	90	50	55%			77.5		
	Extension	30	0	100%					
PIP	Flexion	90	0	100%			100		
DIP	Flexion	90	0	100%			100		
	Extension	10	0	100%					
Muscle strength value 90% Shoulder	1. Flexion	}	5/5						
	2. Extension								
	3. Ext. rotation								
	4. Int Rotation								
	5. Abduction								
	6. Adduction								
Muscle strength value 90% Elbow	1. Flexion	}	5/5						
	2. Extension								
	3. Pronation								
	4. Supination								
Muscle strength value 90% Wrist	1. Dorsiflexion	}	5/5						
	2. Palmarflexion								
	3. Radial Deviation								
	4. Ulnar Deviation								
Co ordinate Activity Value	1. Lifting overhead objects remove and placing at the same place 9%								
	2. Touching			6%					

27.5%

0%

	nose with end of extremity 9%			01.						
	3. Eating Indian style 9%			61.						
	4. Combing & plaiting 9%			61.						
	5. Putting on a shirt or a kurta 9%			51.						
	6. Ablution glass of water 9%			01.						
	7. Drinking glass of water 9%			31.						
	8. Buttoning 9%			81.						
	9. Tie nara dhoti 9%			81.						
	10. Writing 9%			71.						

HAND COMPONENT TOTAL VALUE 90%

30%										
Prehension										
1. Hand component										
A. Opposition (8%)										
Tested against										
Index finger	2%			21.						
Middle finger	2%			0						
Ring finger	2%			0						
Little finger	2%			0						
B. Lateral Pinch (5%)										
Tested by asking the patient to hold a key between the thumb & lateral side of index finger.				51.						
C. Cylindrical grasp (6%)										
Tested for:				41.						

i) Large object of approx. 4 inches size	3%		1-1-							
ii) Small object of 1-2 inch size	3%		3-1-							
D. Spherical grasp (6%) Tested for:										
i) Large object of approx. 4 inch size	3%		1-1-							
ii) Small object of 1-2 inch size	3%		3-1-							
E. Hook grasp (5%) Tested by asking the patient to lift a bag			5-1-							
2. Sensation 30%			0-1-							
Strength 30%			20-1-							

Summary value for upper extremity is calculated is calculated from component and hand component values

Add 10% for dominant extremity

10% Additional weightage to be given to infection, deformity, malalignment, contracture, cosmetic appearance & abnormal mobility.

10% is given for complications like 1. Infection 2. Deformity 3. Loss of sensation

OUTPATIENT RECORD
R. L. JALAPPA HOSPITAL & RESEARCH CENTRE

(Attached to Sri Devaraj Urs Medical College)

TAMAKA, KOLAR-563101.

UHID : RLJH1000844856

Name DR. PRASHANTHI Birth Date/Age 28 YEARS Gender : FEMALE

Name of Father/Husband D/O MANOHAR Relationship _____

Name of Mother/Wife - _____

Religion HINDU Marital Status SINGLE Occupation _____

Address SDUMC.CAMPUS TAMAKA
KOLAR

Name of the next of Kin _____ Ph. No. _____

Address _____ Aadhaar No. 9567204346
 BPL No. _____
 APL No. _____ Status STAFF

Medical illness _____ Previous History _____ Allergies Amount : Rs.20.00 /-

Operations _____ Immunization _____

Drugs _____

Date	Clinical Data	Treatment / General Consent Investigation etc.
<p>28/04/2020</p> <p><u>28/4/2020</u></p>	<p>EMERGENCY MEDICINE - UNIT 1</p> <p><u>G/S/B Dr. Mananna/s-II</u></p> <p><u>60% Tendon injury</u> <u>over (R) Hand</u> <u>following fall.</u></p>	<p>JPD Card renewal on... <u>19/06/20</u></p> <p>Vide Bill #.....</p>

Name :

Hospital Number

Date	Clinical Data	Treatment / General Consent Investigation etc.
	<p>Imp. Tendon injury following self fall.</p>	<p><u>Adm</u> Admit under Surgery unit - II</p>

Date	Service	Number	Date	x-ray No.	Date	Inpatient No.
				<p>W (Dr. Marandi)</p>		



NAME : PRASHANTHI	OP NO :844856	WARD : SPECIAL WARD
AGE : 28 YEARS	SURGERY UNIT II	DOA : 28.04.2020
SEX : FEMALE	IP NO :232098/2020	DOD : 29.04.2020

DISCHARGE SUMMARY

ADMITTING CONSULTANT: DR. MOHAN KUMAR / DR. RAGUPATHI/DR. NAWAZ/ DR. KASHIF

DIAGNOSIS: ZONE 5 EXTENSOR TENDON INJURY OVER THE RIGHT HAND

HISTORY OF PRESENTING ILLNESS: - Patient gives alleged history of fall from scooter at around 6:30PM on 28/04/20 when chased by street dogs. Following which she sustained injury to her head, right hand and face. No h/o loss of consciousness, ENT bleed, seizures, vomiting

PAST HISTORY: Not k/c/o T2DM, TB, HTN, BA and epilepsy

PERSONAL HISTORY: Diet-mixed ; Appetite- normal; bowel & bladder- regular; Sleep- adequate

ON EXAMINATION: - Patient is moderately built, nourished, conscious, oriented

PULSE:- 88 b/min **TEMPERATURE-** afebrile **BP:-** 110/70 mm Hg

No sign of pallor, Icterus, Clubbing, cyanosis, lymphadenopathy and pedal edema.

PA:- soft , non tender, Bowel sounds are present, no organomegaly

RS: bilateral air entry present, no added sounds, bilateral normal vesicular breath sounds.

CVS: S1, S2 heard, no murmurs.

CNS: No Focal Neurological Deficit Found

PRIMARY SURVEY :

Airway patent

Breathing- SpO2-99% at room air

RR- 22cpm

Circulation- BP- 110/80mm Hg

PR- 88bpm

hypothermia

SECONDARY SURVEY :

Patient is conscious ,oriented to time, place and person

GCS – 15/15 (E4V5M6)

Bilateral pupils equally reactive to light

Chest compression test negative

Pelvic compression test negative

Moving all 4 limbs

LOCAL EXAMINATION:

- Laceration of size 7x6cm over dorsal aspect of right hand
- Tendons exposed (Extensor indicis proprius)
- No active bleeding
- No contamination noted
- Soft tissue haematoma noted over right temporo-parietal region
- Oedema present
- Tenderness present
- Abrasion of size 2x2cm over upper lip

- Ecchymosis of size 4x4cm over arm

INVESTIGATIONS: -

CT BRAIN PLAIN(28/04/20)-

- Deviated nasal septum noted with bony septal spur towards right
- Soft tissue scalp swelling with haematoma noted in the right high parietal region

TREATMENT: -

OPERATION NOTES: Modified Kessler tendon repair done on 28.04.2020 under LA/short GA

OPERATION FINDINGS:

- Laceration of size 7x6cm over dorsal aspect of right hand
- Extensor indicis proprius transection

INJ AUGMENTIN 1.2G IV 1-0-1 X 1 DAY

INJ PAN 40MG IV 1-0-0 X 1 DAY

INJ NAC 75MG IM 1-0-1 X 1 DAY

TAB CHYMOROL FORTE PO 1-0-1 X 1 DAY

TAB LIMCEE PO 0-1-0 X 1 DAY

COURSE IN THE HOSPITAL: - Patient came with above complaints, was investigated ,evaluated and diagnosed to have ZONE 5 EXTENSOR TENDON INJURY OVER THE RIGHT HAND. Patient underwent Modified Kessler tendon repair done under LA/short GA. Post-operative period was uneventful. Patient was treated with above mentioned medications and improved symptomatically and is being discharged in stable state with following advice

CONDITION OF THE PATIENT ON DISCHARGE: - Satisfactory

Wound healthy and sutures intact

Below elbow cockup splint present

ADVICE ON DISCHARGE

TAB AUGMENTIN 625MG PO 1-0-1 X 5 DAYS

TAB.PAN 40MG OD PO X5DAYS

TAB DICLO PO SOS

TO FOLLOW NORMAL DIET

COMPLETE REST FOR RIGHT HAND FOR 6 WEEKS

BELOW ELBOW COCKUP SPLINT TO BE CONTINUED

REVIEW: SURGERY II OPD ON TUESDAY

DR. MOHAN KUMAR.K

PROFESSOR& HEAD OF THE 2ND UNIT

DEPARTMENT OF SURGERY

CONSULTANT OF SURGERY:

DR. RAGHUPATHI

DR. NAWAZ

DR. KASHIF

Dr. Mohammed Kasim
Assistant Professor
Dept. of General Surgery
KMC No : 94185

DR. DHARMENDRA / DR. SUNIL/ DR. MANASWIN(PG)

DR. BHAVYASHREE/DR BHARGAVI/DR. SENTHARA/DR LAHARI/DR SAGARIKA (INTERNS)

IN CASE OF EMERGENCY CONTACT: 08152 243174


- FOLLOW UP INSTRUCTIONS
- EMERGENCY CONTACT NUMBER
- SUMMARY EXPLAINED BY -----(PERSON WHO IS EXPLAINING HIS / HER NAME & SIGNATURE)
- SUMMARY RECEIVED & UNDERSTOOD -----(NAME & SIGNATURE OF THE PERSON RECEIVING)



TAMAKA
19-06-2020

● TO WHOMSOEVER CONCERNED

This is to certify that a 28 years old female patient named Dr.Prashanti, 7weeks old operated case of Zone 5 Extensor tendon injury over the right hand is having a disability of 25% in her affected limb i.e., right upper limb. Her functional disability for writing using her right hand is 60%. This disability is temporary and needs further review on later days.


Dr. Anu H.S.
KMC Reg no 46362.