

NAME OF THE HOSPITAL: _____

10). Severe Contracture Surgeries For Functional Improvement (including splints, pressure garments And Physiotherapy): S13N2.3

1. Name of the Procedure: Severe Contracture Surgeries For Functional Improvement (including splints, pressure garments And Physiotherapy)
2. Indication: Contracture/s of any body part which is/are hampering > 50% function of that part or adjoining part or hampering movement or on face causing displacement of normal features
3. Has the patient presented with Restriction of > 50% range of motion of a joint due to contracture tissue, inability to open or close eyes > 50% of normal, closed nostrils (> 50% closed), closed external auditory canal (Different body parts to be considered – Face, Neck, axilla, anterior chest / breasts, elbow, wrist, hand including fingers, groin, knee, ankle, foot including toes): Yes/No
4. If the answer to question 3 is Yes then is there evidence of severe contracture on clinical photographs from different angles showing contracture tissue as well as functional impairment: Yes/No (Upload clinical photographs showing contractures from at least two different angles)

For Eligibility for Severe Contracture Surgeries for Functional Improvement (including splints, pressure garments And Physiotherapy) the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
