

NAME OF THE HOSPITAL: _____

1). Lower Limb Symes Prosthesis HDP/PP: S15P2.1, Lower Limb Symes Prosthesis Fibre: S15P2.2, Lower Limb Symes Prosthesis Modular: S15P2.3

1. Name of the Procedure: Symes Prosthesis (R/L)
2. Indication: Amputation done for Diabetic Foot- Gangrene or Ulcer/ Accidental/ Vascular Insufficiency/ Re-fashioning of stump
3. Does the patient presented with adequate stump length, healed stump end, shrinkage of wound, muscle power of residual limb more than 3+: Yes/No
4. If the answer to question 3 is Yes, then are the following tests being done- Pre, post prandial blood sugar, radiographs confirming bone length above amputation site/ at amputation site as per surgical diagnosis, doppler studies – (optional): Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes then is there evidence of:
 - a. Sensory Issues: Yes/No
 - b. Skin sensitivity: Yes/No
 - c. High Diabetes: Yes/No
 - d. Stump edema: Yes/No
 - e. Open or unhealed wound at stump end: Yes/No
 - f. Restriction in range of moment: Yes/No
 - g. Bony prominence: Yes/No
 - h. Dog ears: Yes/No
 - i. Contracture/deformity: Yes/No
 - j. Phantom limb sensation/Phantom pain sensation: Yes/No
 - k. Neuroma: Yes/No

For Eligibility for Lower limb Symes Prosthesis the answer to question 5a, 5b, 5c, 5d, 5e, 5f, 5g, 5h, 5i, 5j & 5k must be No

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

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NAME OF THE HOSPITAL: _____

2). Below Knee (BK/PTB) Prosthesis HDP/PP: S15P3.1, Below Knee(BK/PTB) Prosthesis Fibre: S15P3.2, Below Knee (BK/PTB) Prosthesis Modular: S15P3.3

1. Name of the Procedure: Below Knee Prosthesis (R/L)
2. Indication: Amputation done for Diabetic Foot- Gangrene or Ulcer/ Accidental/ Vascular Insufficiency/ Re-fashioning of stump
3. Does the patient presented with stump length more than 5 inches, healed stump end, shrinkage of wound, muscle power of residual limb more than 3+: Yes/No
4. If the answer to question 3 is Yes, then are the following tests being done- Pre, post prandial blood sugar, radiographs confirming bone length above amputation site/ at amputation site as per surgical diagnosis, doppler studies – (optional): Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes then is there evidence of:
 - a. Sensory Issues: Yes/No
 - b. Skin sensitivity: Yes/No
 - c. High Diabetes: Yes/No
 - d. Stump edema: Yes/No
 - e. Open or unhealed wound at stump end: Yes/No
 - f. Restriction in range of movement: Yes/No
 - g. Bony prominence: Yes/No
 - h. Dog ears: Yes/No
 - i. Contracture/deformity: Yes/No
 - j. Phantom limb sensation/Phantom pain sensation: Yes/No
 - k. Neuroma: Yes/No

For Eligibility for Below Knee Prosthesis the answer to question 5a, 5b, 5c, 5d, 5e, 5f, 5g, 5i, 5j & 5k must be No

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3). Through Knee Prosthesis HDP/PP: S15P4.1, Through Knee Prosthesis Fibre: S15P4.2, Through Knee Prosthesis Modular: S15P4.3

1. Name of the Procedure: Through Knee Prosthesis (R/L)
2. Indication: Amputation done for Diabetic Foot- Gangrene or Ulcer/ Accidental/ Vascular Insufficiency/ Re-fashioning of stump
3. Does the patient presented with adequate stump length, healed stump end, shrinkage of wound, muscle power of residual limb more than 3+: Yes/No
4. If the answer to question 3 is Yes, then are the following tests being done- Pre, post prandial blood sugar, radiographs confirming bone length above amputation site/ at amputation site as per surgical diagnosis, doppler studies – (optional): Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes then is there evidence of:
 - a. Sensory Issues: Yes/No
 - b. Skin sensitivity: Yes/No
 - c. High Diabetes: Yes/No
 - d. Stump edema: Yes/No
 - e. Open or unhealed wound at stump end: Yes/No
 - f. Restriction in range of moment: Yes/No
 - g. Bony prominence: Yes/No
 - h. Dog ears: Yes/No
 - i. Contracture/deformity: Yes/No
 - j. Phantom limb sensation/Phantom pain sensation: Yes/No
 - k. Neuroma: Yes/No

For Eligibility for Through Knee Prosthesis the answer to question 5a, 5b, 5c, 5d, 5e, 5f, 5g, 5h, 5i, 5j & 5k must be No

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4). Above Knee (AK) Prosthesis HDP/PP: S15P5.1, Above Knee (AK) Prosthesis Fibre: S15P5.2, Above Knee (AK) Prosthesis Modular: S15P5.3

1. Name of the Procedure: Above Knee Prosthesis (R/L)
2. Indication: Amputation done for Diabetic Foot- Gangrene or Ulcer/ Accidental/ Vascular Insufficiency/ Re-fashioning of stump
3. Does the patient presented with stump length more than 5 inches, healed stump end, shrinkage of wound, muscle power of residual limb more than 3+: Yes/No
4. If the answer to question 3 is Yes, then are the following tests being done- Pre, post prandial blood sugar, radiographs confirming bone length above amputation site/ at amputation site as per surgical diagnosis, doppler studies – (optional): Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes then is there evidence of:
 - a. Sensory Issues: Yes/No
 - b. Skin sensitivity: Yes/No
 - c. High Diabetes: Yes/No
 - d. Stump edema: Yes/No
 - e. Open or unhealed wound at stump end: Yes/No
 - f. Restriction in range of moment: Yes/No
 - g. Bony prominence: Yes/No
 - h. Dog ears: Yes/No
 - i. Contracture/deformity: Yes/No
 - j. Phantom limb sensation/Phantom pain sensation: Yes/No
 - k. Neuroma: Yes/No

For Eligibility for Above Knee Prosthesis the answer to question 5a, 5b, 5c, 5d, 5e, 5f, 5g, 5h, 5i, 5j & 5k must be No

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5). Hip Disarticulation Prosthesis HDP/PP: S15P6.1, Hip Disarticulation Prosthesis Fibre: S15P6.2, Hip Disarticulation Prosthesis Modular: S15P6.3, Hip Disarticulation Partial Foot Prosthesis: S15P6.4

1. Name of the Procedure: Hip Disarticulation Prosthesis (R/L)
2. Indication: Amputation done for Diabetic Foot- Gangrene or Ulcer/ Accidental/ Vascular Insufficiency/ Re-fashioning of stump
3. Does the patient presented with very short stump length (1 to 2 inches/no stump), healed stump end, shrinkage of wound, muscle power of abdominals & low back muscles more than 3+: Yes/No
4. If the answer to question 3 is Yes, then are the following tests being done- Pre, post prandial blood sugar, radiographs confirming bone length above amputation site/ at amputation site as per surgical diagnosis, doppler studies – (optional): Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes then is there evidence of:
 - a. Sensory Issues: Yes/No
 - b. Skin sensitivity: Yes/No
 - c. High Diabetes: Yes/No
 - d. Stump edema: Yes/No
 - e. Open or unhealed wound at stump end: Yes/No
 - f. Restriction in range of movement: Yes/No
 - g. Bony prominence: Yes/No
 - h. Dog ears: Yes/No
 - i. Contracture/deformity: Yes/No
 - j. Phantom limb sensation/Phantom pain sensation: Yes/No
 - k. Neuroma: Yes/No

For Eligibility for Hip Disarticulation Prosthesis the answer to question 5a, 5b, 5c, 5d, 5e, 5f, 5g, 5h, 5i, 5j & 5k must be No

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6). Below Elbow Prosthesis HDP/PP: S15P7.1, Below Elbow Prosthesis Fibre: S15P7.2, Below Elbow Prosthesis Modular: S15P7.3

1. Name of the Procedure: Below Elbow Prosthesis (R/L)
2. Indication: Amputation done for Diabetic Foot- Gangrene or Ulcer/ Accidental/ Vascular Insufficiency/ Re-fashioning of stump
3. Does the patient presented with stump length more than 5 inches, healed stump end, shrinkage of wound, muscle power of residual limb more than 3+: Yes/No
4. If the answer to question 3 is Yes, then are the following tests being done- Pre, post prandial blood sugar, radiographs confirming bone length above amputation site/ at amputation site as per surgical diagnosis, doppler studies – (optional): Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes then is there evidence of:
 - a. Sensory Issues: Yes/No
 - b. Skin sensitivity: Yes/No
 - c. High Diabetes: Yes/No
 - d. Stump edema: Yes/No
 - e. Open or unhealed wound at stump end: Yes/No
 - f. Restriction in range of movement: Yes/No
 - g. Bony prominence: Yes/No
 - h. Dog ears: Yes/No
 - i. Contracture/deformity: Yes/No
 - j. Phantom limb sensation/Phantom pain sensation: Yes/No
 - k. Neuroma: Yes/No

For Eligibility for Below Elbow Prosthesis the answer to question 5a, 5b, 5c, 5d, 5e, 5f, 5g, 5h, 5i, 5j & 5k must be No

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7). Above Elbow Prosthesis HDP/PP: S15P7.4, Above Elbow Prosthesis Fibre: S15P7.5, Above Elbow Prosthesis Modular: S15P7.6

1. Name of the Procedure: Above Elbow Prosthesis (R/L)
2. Indication: Amputation done for Diabetic Foot- Gangrene or Ulcer/ Accidental/ Vascular Insufficiency/ Re-fashioning of stump
3. Does the patient presented with stump length more than 5 inches, healed stump end, shrinkage of wound, muscle power of residual limb more than 3+: Yes/No
4. If the answer to question 3 is Yes, then are the following tests being done- Pre, post prandial blood sugar, radiographs confirming bone length above amputation site/ at amputation site as per surgical diagnosis, doppler studies – (optional): Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes then is there evidence of:
 - a. Sensory Issues: Yes/No
 - b. Skin sensitivity: Yes/No
 - c. High Diabetes: Yes/No
 - d. Stump edema: Yes/No
 - e. Open or unhealed wound at stump end: Yes/No
 - f. Restriction in range of moment: Yes/No
 - g. Bony prominence: Yes/No
 - h. Dog ears: Yes/No
 - i. Contracture/deformity: Yes/No
 - j. Phantom limb sensation/Phantom pain sensation: Yes/No
 - k. Neuroma: Yes/No

For Eligibility for Above Elbow Prosthesis the answer to question 5a, 5b, 5c, 5d, 5e, 5f, 5g, 5h, 5i, 5j & 5k must be No

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8). Whole Upper Limb Prosthesis HDP/PP: S15P8.1, Whole Upper Limb Prosthesis Fibre: S15P8.2, Whole Upper Limb Prosthesis Modular: S15P8.3

1. Name of the Procedure: Whole Upper Limb Prosthesis
2. Indication: Amputation done for Diabetic Foot- Gangrene or Ulcer/ Accidental/ Vascular Insufficiency/ Re-fashioning of stump
3. Does the patient presented with very short stump length (1 to 2 inches/no stump),, healed stump end, shrinkage of wound, muscle power of girdle muscles more than 3+: Yes/No
4. If the answer to question 3 is Yes, then are the following tests being done- Pre, post prandial blood sugar, radiographs confirming bone length above amputation site/ at amputation site as per surgical diagnosis, doppler studies – (optional): Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes then is there evidence of:
 - a. Sensory Issues: Yes/No
 - b. Skin sensitivity: Yes/No
 - c. High Diabetes: Yes/No
 - d. Stump edema: Yes/No
 - e. Open or unhealed wound at stump end: Yes/No
 - f. Restriction in range of moment: Yes/No
 - g. Bony prominence: Yes/No
 - h. Dog ears: Yes/No
 - i. Contracture/deformity: Yes/No
 - j. Phantom limb sensation/Phantom pain sensation: Yes/No
 - k. Neuroma: Yes/No

For Eligibility for Whole Upper Limb Prosthesis the answer to question 5a, 5b, 5c, 5d, 5e, 5f, 5g, 5h, 5i, 5j & 5k must be No

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