

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY - 605 502.

[Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME (P -II) dt. 11/07/2011] [Affliated to Bharath University, Chennai - TN]

date: 12/05/2020

From DR.Boblee james, Professor and Head, orthopaedics, Slims, Bharath Institute of Higher Education and Research, pondicherry.

To The Dean, Slims, Bharath Institute of Higher Education and Research, pondicherry.

Sub: Permission to conduct value-added course: evaluation of arthritis

Respected Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: Evaluation of Arthritis on 8/7/2020. We solicit your kind permission for the same.

Kind Regards

Dr, Boblee james

FOR THE USE OF DEANS OFFICE

Names of Committee members for evaluating the course:

The Dean: Dr.Jayakumar

The HOD: Dr. Boblee james

The Expert:Dr.Vijayakumaran



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The committee has discussed about the course and is approved

Subject Expert

Department of Orthopaedics mi Narayana Institute of Medical Sciences Pondicherry - 605 502.

HOD

PROFESSOR & HOD
Department of Orthopaedics
shmil Narayana Institute of Medical Sciences
Pondicherry - 605 502.



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Course Proposal

Course Title: evaluation of arthritis

CourseObjective: to asses types, symptoms and signs of arthritis

CourseOutcome: how to asses a case of arthritis

Course Audience: 20

Course Coordinator: Dr. Jayakumar

Course Faculties with Qualification and Designation:

1.DR.BOBLEE JAMES M.S ORTHO

Course Curriculum/Topics with schedule (Min of 30 hours)

SlNo	Date	Topic	Time	Hours
1	8/7/20	AIM	4.30 to5.30	1
2	10/8/20	OA CLASSIFICATION	5 to 6	1
3	12/9/20	ETIOLOGY	5 to 6	1
4	21/9/20	MECHANISM	6 to 7	1
5	16/10/20	OA OF DIFFERENT JOINTS	4.30 to 5.30	1
6	17/11/20	SYMPTOMS	6 to 7	1
7	5/12/20	TREATMENT	4.30 to 5.30	1
8	20/12/20	DISABILITY IN OA	6 to 7	1
9	1/1/21	RHEUMATOID ARTHRITIS	4 to 6	2
10	4/1/21	PRACTICAL SESSION	4 to 8	4
11	9/1/21	PRACTICAL SESSION	4 to 7	3
12	18/1/21	PRACTICAL SESSION	4 to 8	4
13	23/1/21	PRACTICAL SESSION	4 to6	2
14	26/1/21	PRACTICAL SESSION	4 to 7	3
15	30/1/21	PRACTICAL SESSION	4 to 8	4
			Total Hours	30

REFERENCE BOOKS:

1) LIVING WITH RHEUMATOID ARTHRITIS

TAMMI. L. SHLOTZHAUER

2) OXFORD TEXT BOOK OF RHEUMATOID ARTHRITIS

DAVID .L.SCOTT, JAMES GALLOWAY



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VALUE ADDED COURSE

1. Name of the programme & Code

EVALUATION OF ARTHRITIS - OR01

2. Duration & Period

30 hrs & JULY 2020- JANUARY 2021

3. Information Brochure and Course Content of Value Added Courses

Enclosed as Annexure- I

4. List of students enrolled

Enclosed as Annexure- II

5. Assessment procedures:

Short notes- Enclosed as Annexure- III

6. Certificate model

Enclosed as Annexure- IV

7. No. of times offered during the same year:

1 JULY 2020 - JANUARY 2021

Value Added Course- JULY 2015-JAN 2016						
Sl. No	Course Code	Course Name	Resource Persons	Target Students	Strength & Year	
1	OR01	EVALUATION OF ARTHRITIS	Dr. Boblee james	THIRD YEAR MBBS	18 (JULY 2020 – Jan 21)	

- 8. Summary report of each program year-wise
- 9. Course Feed Back Enclosed as Annexure- V



RESOURCE PERSON DR.BOBLEE JAMES COORDINATOR DR.JAYAKUMAR

PROFESSOR & HOD Department of Orthopaedics shmi Narayana Institute of Medical Sci Pondicherry - 605 502.



EVALUATION OF ARTHRITIS

8/7/2020



EVALUATION OF ARTHRITIS

Particulars	Description



Course Title	EVALUATION OF ARTHRITIS
Course Code	OR01
Objective	AIM
	OA CLASSIFICATION
	ETIOLOGY
	MECHANISM
	OA OF DIFFERENT JOINTS
	SYMPTOMS
	TREATMENT
	DIABILITY IN OA
	RHEUMATOID ARTHRITIS
Further learning	TYPES OF ARTHRITIS
opportunities	
Key Competencies	On successful completion of the course the students will
	have complete understanding of evaluating and managing
	arthritis
Target Student	Pre final year Students
Duration	30hrs JULY 20- January 2021
Theory Session	10hrs
Practical Session	20hrs
Assessment Procedure	Short notes



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ΑI	\mathbf{N}	
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Types of arthritis

Symptoms of arthritis

Signs of arthritis

Treatment of arthritis

Rheumatoid arthritis (RA)

Osteoarthritis (OA)

Sero-negative arthritis

Ankylosing spondylitis

Psoriatic arthritis

Reactive arthritis

Enteropathic arthritis

Crystal arthropathies

ABCD stands for:

2 A: ALIGNMENT

B: BONY MINERALIZATION

2 C: CARTILAGE SPACE

D: DISTRIBUTION

S: SOFT TISSUE

A chronic joint disorder in which there is progressive softening and disintegration of articular cartilage accompanied by new growth of cartilage and bone at the joint margins (osteophytes) and capsular fibrosis



Primary or idiopathic
Secondary
OA CLASSIFICATION:
☑ Infection
2 Dysplasia
Perthes
SCFE
2 Trauma
2 AVN
ETIOLOGY:
Genetic
Metabolic
Hormonal
Mechanical
Ageing
MECHANISM:



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Disparity between:- stress applied to articular cartilage and strength of articular cartilage

Increased stress (F/A) Increased load eg BW or activity

Decreased area eg varus knee or dysplastic hip

Weak cartilage age stiff eg ochronosis

soft eg inflammation

abnormal bony support eg AVN?

OSTEOARTHRITIS:

Joint space narrowing

Osteophytosis

Subchondral cysts

Subchondral sclerosis

HIP OA:

Femoral neck buttressing

Tilt deformity (flattening of head surface with osteophyte at anteroinferior aspect)

Superior >medial migration

Secondary OA due to previous trauma or nflammatory arthritis?

OA KNEE:

Erect weight-bearing AP film

- ② Unicompartmental
- Sharpening of tibial prominence



2 Loose bodies
2 Varus deformity
2 Patellar tooth sign – irregular anterior patellar Surface
OA SPINE:
Vacuum Phenomenon
Accumulation of Nitrogen
Degenarative etiology
Better seen in Extension
Excludes infective etiology
In peripheral joints physiological
SYMPTOMS:
pain
swelling
stiffness
deformity
instability
loss of function
TREATMENT:
Analgesia



[Affliated to Bharath University, Chennai - TN]
Intrarticular steroids
Intrarticular viscosupplements
Altered activity
Walking aids
Physiotherapy
arthroscopy
osteotomy
arthrodesis
excision arthroplasty
replacement arthroplasty?
RHEUMATOID ARTHRITIS:
Bilateral symmetry
Periarticular soft tissue swelling
Uniform joint space loss
Marginal erosions
Juxta-articular osteoporosis
Joint deformity
DISABILITY IN EARLY RA:
Inflammation

Swollen



[Affliated to Bharath University, Chennai - TN]
° Stiff
° Sore
° Warm
2 Fatigue
2 Potentially Reversible
RA- DEFORMITY:
Boutonniere deformity : flexion deformity at PIP jt & hyperextension at DIP
• Swan neck deformity : combination of flexion at DIP and extension at PIP
RA CERVICAL SPINE:
Atlantodental interspace > 3.0mm
Odontoid erosions
Subluxation
Pseudo basilar invagination
Reduced disc space
Apophyseal joint: erosion, sclerosis, ankylosis
Sharpened pencil spinous process ADI > 3.0mm
RA SHOULDER:
Soft tissue swelling
Rotator cuff rupture



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Head erosions

Tapered distal clavicle due to erosions

Irregular coracoid process

Enlarged Olecranon bursa

Fat pad sign

Supinator notch sign: erosion at proximal ulna

RA-KNEE

Uniform bicompartmental joint space loss

Patellofemoral joint also involved

Soft tissue swelling

Baker's cyst

Subchondral cysts

Rheumatoid arthritis

Rheumatoid arthritis is a synovial disease

- -Osteoarthritis is a disease of the cartilage.
- -Volar subluxation never in osteoarthritis

Normal joint

DIABILITY IN RA:

Most of the disability in RA is a result of the INITIAL burden of disease



People get	disabled becaus	se of:	

· Anakinra

· Inadequate control
∘ Lack of response
∘ Compliance
GOAL: control the disease early on!@NSAIDS
Steroids
Oral
Intra-articular
DMARDS
Synthetic
Methotrexate
Hydroxychloroquine
Leflunomide
Sulfasalazine?
Biological:
Monoclonal Antibodies to TNF
∘ Infliximab
∘ Adalimumab
Soluble Receptor Decoy for TNF
∘ Etanercept
Receptor Antagonist to IL-1



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Monoclonal Antibody to CD-20	

• Rituximab 🛚

NSAIDS:

Cyclo-oxygenase inhibitors

Do not slow the progression of the disease

Provide partial relief of pain and stiffness

Disease Modifying Anti-Rheumatic Drugs

- Reduce swelling & inflammation
- Improve pain
- Improve function
- Have been shown to reduce radiographic

progression (erosions) 2 Dihydrofolate reductase inhibitor

- ☑ ↓ thymidine & purine nucleotide synthesis
- ② "Gold standard" for DMARD therapy
- 27.5 30 mg weekly
- Absorption variable
- Elimination mainly renal Hepatotoxicity
- Page 3 Bone marrow suppression
- ② Dyspepsia, oral ulcers
- Pneumonitis



•	[Affliated to Bharath University, Chennai - TN]
	2 Teratogenicity
	Polic acid reduces GI & BM effects
	2 Monitoring
	∘ FBC, ALT, Creatinine ② Sulphapyridine + 5-aminosalicylic acid
	Remove toxic free radicals
	☑ Remission in 3-6 month ☑ Elimination hepatic
	☑ Dyspepsia, rashes, BM suppression ☑ Mechanism unknown
	• Interference with antigen processing ?
	Anti- inflammatory and immunomodulatory
	For mild disease Side effects
	2 Irreversible Retinal toxicity, corneal deposits
	☑ Ophthalmologic evaluation every 6 months ☑
	Competitive inhibitor of dihydroorotate dehydrogenase (rate-limiting enzyme in denovo synthesis of pyrimidines)
	☑ Reduce lymphocyte proliferation ☑
	Oral
	② T ½ - 4 − 28 days due to EHC
	2 Elimination hepatic
	2 Action in one month
	☑ Avoid pregnancy for 2 years ☑ Hepatotoxicity
	② BM suppression

Diarrhoea



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2 rashes2

Triple Therapy

Methotrexate, Sulfasalazine, Hydroxychloroquine

Double Therapy

- Methotrexate & Leflunomide
- Methotrexate & Sulfasalazine
- Methotrexate & Hydroxychloroquine Complex protein molecules
- Created using molecular biology methods
- Produced in prokaryotic or eukaryotic cell cultures ?

TNF is a potent inflammatory cytokine

- TNF is produced mainly by macrophages and monocytes
- TNF is a major contributor to the inflammatory and destructive changes that occur in RA
- Blockade of TNF results in a reduction in a number of other pro-inflammatory cytokines (IL-1, IL-6, & IL-8)Trans-Membrane

Bound TNF

Soluble TNF

Strategies for Reducing Effects of TNF

Macrophage

Monoclonal Antibody (Infliximab & Adalimumab) Infection

- Common (Bacterial)
- Opportunistic (Tb)
- ②Demyelinating Disorders



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2 Worsening CHF2	
Potent anti-inflammatory drugs	
2 Serious adverse effects with long-term use	
2 To control the diaseas	
2 Indications	
 As a bridge to effective DMARD therapy 	
∘ Systemic complications (e.g. vasculitis)?	
Most common childhood chronic disease causing disability.	
2 About 7/100,00 newly diagnosed children with JIA per year.	
2 Prevalence about 1/1,000 children = 1,000 children in BC with JIA.	
2 7 subtypes.	
2 Disease begins at any time during childhood or adolescence.2	
To be considered JIA, onset must occur before 16 years of age.	
② JIA is heterogeneous: the presentation of the disease and its natura vary among individuals and over time.	history
The disease is typically classified into categories based on the sympt displayed and their severity.	oms
2 Systemic arthritis	
2 Oligoarthritis	
? Rheumatoid-factor positive (RF+) polyarthritis	
② Rheumatoid-factor negative (RF-) polyarthritis	

Enthesitis-related arthritis



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- Psoriatic arthritis
- Undifferentiated

G.ahrq.gov/dmardsjia.cfm. 2

Child under 16 years old

At Least one joint with objective signs of arthritis:

> Swelling, or two of the following: pain with movement, warmth of the joint, restricted movement, or tenderness

Duration of more than 6 weeks

Other causes have been excluded (ex. Infections, Lupus and other connective tissue diseases, malignancies)?

All kids with JIA have fevers.

All kids with JIA have rashes.

A child with joint pain (but no arthritis) must have JIA.

All arthritis is painful.

If a child has a positive rheumatoid factor, they must have arthritis. 2

If x-rays are normal, there is no arthritis. 2

Heterogeneous group of diseases characterized by chronic inflammatory processes involving the synovial membrane, cartilage, and bone

The classification of JIA subgroups based on clinical and laboratory characteristics including the number of affected joints and the presence of autoimmune markers

Th1 cell-mediated disorder, driven by a population of T cells producing inflammatory cytokines and chemokines



VALUE ADDED COURSE IN MUTATION OF ARTHRITIS

ORBI

4. List of Students Unrolled JULA 2020 Jan-2021

Pre final Year MBBS Student

St. No	Name of the Student	Roll No	signature
1	ABDUL RAHMAN,A.		
2	ABIRAMI KAMBAN K.S	. U13MB151 .	- About Faberen
.3	ABIRAMI.A.	. U13MB152	717
4	AFRAA.S.	, U13MB153	Absen
5	AHILA. M.	. U13MB154	all .
6	AKMAR JEBIN.V.P.	. U13MB155	Gliclan 1
~	AKSHAYA. S.	U13MB156	Jane
8	ALLADI SANATH KUMAR	U13MB157	Akshaya.
9	ANBAZHAGAN D	U13MB158	Martin
10	ANGELIN JEEVA PUSHPAM.S	U13MB159	= Arbon
11	ANIK GHORAI	U13MB160	_ Angalan Perlyan
	<u>i</u>	U13MB161	AN
12	ANUPRIYA. B.	U13MB162	commenia
13	ANUPRIYA.S.	U13MB163	Ane
14	ANUSUYA.V.,	U13MB164	And
15	ARIKO IMCHEN	U13MB165	APixo
16	ARULMOZHI. T.	U13MB166	actmosti
17	ARUN KUMAR. K.	U13MB167	doo
18	BALAJI. S.	U13MB168	Paliji



Course: evaluation of arthritis Name: ANUPRIYA.B Reg NO.
Department: orthopaedics
O. D. Nicosanda anno anno II anti-familia anti-familia atta familia at
Q I: Please rate your overall satisfaction with the format of the course: act Excellent b. Very Good c. Satisfactory d. unsatisfactory
7
Q 2: Please rate course notes: a. Excellent be Very Good c. Satisfactory d. unsatisfactory
Q 3: The lecture sequence was well planned
a. Excellent by Very Good c. Satisfactory d. unsatisfactory
Q 4: The lectures were clear and easy to understand a Excellent b. Very Good c. Satisfactory d. unsatisfactory
Q 5:Please rate the quality of pre-course administration and information: a. Excellent b. Very Good c. Satisfactory d. unsatisfactory
Q 6: Any other suggestions:
Comments:
Thank you for taking the time to complete this survey, your comments are much appreciated.
Thank you for taking the time to complete this survey, your comments are much appreciated.
OPTIONAL Section: Name



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1-3 Small Joints 4-10 Small Joints >10 Jointa Serglogy Negative Rf & Negative AcPa 2 how -positive RF & lower positive High-positive RF'er High postive ACPA Acute-phose Reactints Normal CRFR Normal ESR 0 Abnorm KRP or abnorm ESR Puration of Symptoms T6 Nocks >64ecks Octobritishia Assessment & Enduction of Oskoorthyitis > Anxious, Over Height (lengle) Voint Exemination - No Shelling, In Hama kon or deformation involving the hands, wrists. Exemination of Right hip demonstratedpoin on full Rotation wills leadered y diffuse soft tissue tenderness in the Noch, Shoulders & buck - Arton For Julik ESR - NORMAL X-Ray - rougest Soint Space Merraning was approach Assessment & Englusion of tibromy algia - Chronic Highespread pain & exhaustion -) generalized puis & soft tissue tendross & for - Normal - Magarde to Severe Sleep problem or tilique



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> i) How to asses & orderde various type of extratities? 2) Management of Various type of arthetitis? 1) Arthurs - Intlemmation of wint type of Arthurk's Osleaartheitis - Most Common Rheumatory Authorities Atbromy algra tupus Engitementos erthrites Gout Asserment Conduction of Anthritis Rheumatoid Arthritis - prosented with Swellening & Inflined Soint - takque & low-grade forer (chirateristic of in Immune or Inflined y disease). Englastigh Complete Blood Count Adle phase Reactant
>
> Engthrough Sedimentation Rate or C- Reactive protein (CRF) Rhaumatoid factor (RF) or Antic Citrullinated papticle (Anti-col) A)x-Reys tinding Soon in Rheumid Arthretis - Elevated level of CRFO, ESR RFOI test for anti-ynalia CCA) postive lattemmatery arthritis -> Involving 3 or more Sorots A unfrance lassification Criteria for RA Score Goint Imobrament 0 1. large Soint 1-10/ange Soint



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> osesment & Enduction of Lupus Dithit's -) Antimucker Abbbody tosk Generalized pain & Soft tiesue l'endoess 2) Management of Various types of orthritis 1) Rheumatoid Athritis The goal of treatment is to provide pair Relief increase Joint Mility & Strength & Control of Disease Treatment - Degication, Exerise, beat/ Cold Compresses, Use of Scint protection Surgery -> NSAKS - (Non Storoid) Anti-intlemn they chy) include ibuproton & Naproxen - OMARDS - (Discase - Modifying Antirbeumstic Dry) Visitude - Methoterxele, Hydroxy Cholorgaine (Plaguage) 2) Ostcoarthritis - Medication (topical pain medicinos, Oral analgeries includ NEARD) - Excerioe - Intermittent bet & coldpack - Physical, Occupational & excise thorapy - Neight loss 3) Lupus Arthritis Abelerant, Cyclospore. - Intermitted hot & Cold pack is height loss



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CERTIFICATE OF MERIT

This is to certify that _____ABDUL RAHMAN

has actively

participated in the Value Added Course on Evaluation of Arthritis held during JULY 2020

- Jan 2021 Organized by Sri Lakshmi Narayana Institute of Medical Sciences,

Pondicherry- 605 502, India.

Dr. BOBLEE JAMES

RESOURCE PERSON

Dr. JAYAKUMAR

COORDINATOR



Course Name: EVALUATION OF Subject Code: OR01	ARTHRIT				
Subject Code: OR01		<u>'1S</u>			
Name of Student:Arulnus	ni T		Ro	ll No.: _	U13
We are constantly looking to im	prove our class	ses and	deliver t	he best	training
evaluations, comments and suggestions	will help us to i	mprove	our per	ormance	e
SI. NO Particulars	1	2	3	4	s
1 Objective of the course is clear					1
2 Course contents met with your expectations					1
3 Lecturer sequence was well plant	ied				1
4 Lectures were clear and easy to understand					/
5 Teaching aids were effective					-
6 Instructors encourage interaction were helpful	and				-
7 The level of the course					1
Overall rating of the course	1	2	3	4	5
8 Overall rating or the course	1				



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Date:30/1/21

From Dr.Boblee James, Orthopaedics, SLIMS, Bharath Institute of Higher Education and Research, Pondicherry.

Through Proper Channel

To The Dean, SLIMS, Bharath Institute of Higher Education and Research, Pondicherry.

Sub: Completion of value-added course: evaluation of arthritis

Respected Sir,

With reference to the subject mentioned above, the department has conducted the value-added course titled: Evaluation of arthritis on 30/1/21. We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regards

Dr. Boblee James



Encl: Certificates

Photographs



