RAJUL VASA FOUNDATION

Protocol for Brain Damaged / Traumatic brain injury and other patients.

In Vasa concept empowering the patient is fundamental. It is mandatory that patient and family takes the responsibility to work with the patient, as it is critical for the patient to work for 6 hours each day at home to recover.

We at RVF give guidance and guideline of **'what to do'** and **'what not to do'** to put the patient on the road to global recovery.

It is essential for you to submit the following……

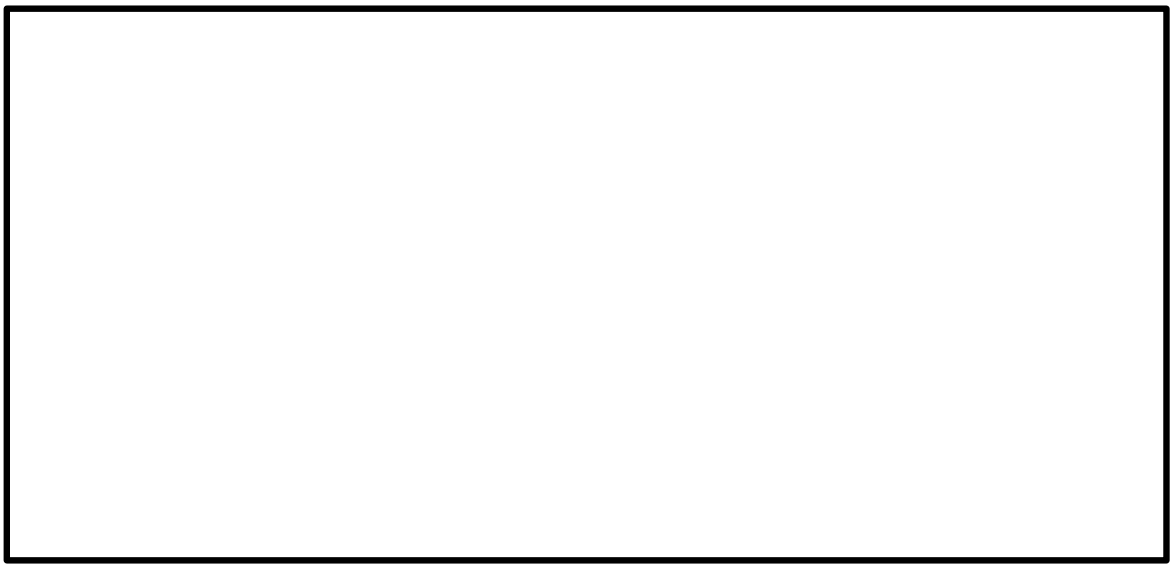
Video shooting. Video enables Dr. Vasa to carry out a detailed observation and analysis of the patient before the patient is in front of her.

Video shooting should include:

a. Close up photo of face and mouth.
b. Eyes open and eyes closed close up.
c. What are the movements in upper limb? Wrist finger close ups.
d. Shoulder subluxation. (Shoulder close up front, side and back).
e. Knee recurvatum. (Knee close up in standing front, side and back)
f. Foot, toes and ankle close-ups.
g. Close up of foot and toes in standing and walking. Toe curling.
h. Finger control, shoulder, scapula, movement
i. Action of sitting down on the floor and getting up from the floor.
j. Walking in the house and on the road. (With splints and without splints)
k. Climbing stairs up and down. (With splints and without splints)
l. Jumping.
m. How does one dress and undress?
n. How one eats?
o. Current physical activities and exercises of the patients being done by physiotherapist or family member.
p. Patient's daily activities and speech.
q. Activities that one can do and cannot do at home or at work.

**Instructions for video shooting:

- Male patient shoot in shorts/Female patient in sleeveless t-shirt and shorts above the knee. Knee must be clearly seen.
- Do the video shooting in day light.
- Take video clips of maximum 1 minute only.
- In case of video shooting by phone, please make sure that the video is shot horizontally.



Rajul Vasa Foundation

(For Office Use)

Patient's Details

Name:

(First Name) (Middle) (Surname)

Diagnosis:

Date of Episode: **Date of Joining:**

Date of Birth : **Age**:

E mail:

Address:

Contact Numbers:

WRITE UP + SCAN / COPIES OF MEDICAL RECORDS INDEXED IN A OFFICE SPRING FILE

Prepare and submit a detailed write-up along with duly indexed (descending order from now to beginning) photocopies of medical reports **(Keep original with you only)**. Medical records should also include all doctors and therapist reports. (No Blood or Urine Reports needed, No other Pathological reports.)

The write up should cover the following points:

- When you came to know the problem.
- Patient understands about the problem.
- Information about Patient's family, brief description of family members understanding of the problem.
- Information and guidance given by doctors, Doctors' opinion on problem – then and now.
- Information about patient's daily activities and how much he depends on others for the same.
- If patient suffer from spasticity, information about his understand about spasticity.
- Description about patient's ongoing medication and daily routine in details. It should include Psychological and emotional aspect of the Patient and of family members since the episode.
- Details about patient's perceptual cognitive abilities / difficulties and neglect.
- What are your limitations?
- Does the patient feel that the he/ she will be alright?
- Are you prepared to stop ongoing therapy/medication?
- Exercise prescribed may cause some pain in the beginning. Is the patient and the family members are ready to face it?

Most Important point:

- What are your expectations from Dr. Vasa?

CHECK LIST for submission:

(Paste this page on the backside of the front of the file.)

RAJUL VASA FOUNDATION

1. **Video shooting with names to each clips and copy it in Pen Drive. (Video clip in the horizontal format only in the good light. No Vertical Format will be accepted.)**
2. **Write-up as explained above to be typed in detail in the computer with print out of hard copy and soft copy to be copied on the pen drive. (Other than English write up submit in pdf format.)**
3. **Xerox copies (not original) of medical reports in descending order.**
4. **Clear numbering at the top on the right side of the report.**
5. **Provide all reports with index page in the same office spring File**
6. **Scan copies of all medical reports (according to no. & name each medical report) in a pen drive. Make the subfolder 'Medical Report' and copy all the medical reports in the same.**
7. **Xerox copy of disability certificate. Scan and copy to pen drive with the name.**
8. **Label the office spring file with full name, address, contact numbers, email id, date of birth and date of the episode.**
9. **Label the pen drive with name and date of submission. Retain one more copy with you for your reference.**
10. **No uploading of any documents and videos on the you tube or any other media.**

** Please feel free to ask for any information or explanation.*

Please visit Dr. Vasa's websites:
https://vasaconcept.in/
For better understanding about **'Vasa concept'**

It is mandatory to send your PENDRIVE by post or courier to below address:

Debasis Panda
PNK imperial heights, Wing A, House no. 402,
Near police commissioner office, Shanti Garden, Mira Road East – 401107, Dist. Thane, Maharashtra.
rajul@brainstrokes.com, debasispanda2007@gmail.com, milindgt@outlook.com,
What's App Number- 8108815678