



ZONAL CME – 2025

Date: 8th June 2025

Organized by:

Department of Orthopaedics

THEME: COMPLEX TRAUMA OF UPPER LIMB

APMC

2

CREDIT HOURS
EXPECTED

REGISTRATION FEE
₹100/-

Time: 9.00 am - 5.00 pm

Venue: Narayana Medical College & Hospital, Nellore



ZONAL CME – 2025
COMPLEX TRAUMA OF UPPER LIMB
Date : 08th June 2025
Programme Schedule (09:00 AM – 05:00 PM)

| TIME | TOPIC | SPEAKER |
|------------------|---|---|
| 09:00 - 09:30 AM | Registration & Inauguration | |
| 09:30 - 10:15 AM | Rotator Cuff injuries | Dr. MD. Zakir Hussain Arshad Assistant Professor Department of Orthopaedics Narayana Medical College & Hospital Chinthareddypalem, Nellore |
| 10:15 - 11:00 AM | Proximal Humerus Fracture – Fix or replace? | Dr. M. Koteswar Rao Assistant Professor Department of Orthopaedics Narayana Medical College & Hospital Chinthareddypalem, Nellore |
| 11:00 - 11:15 AM | Tea Break | |
| 11:15 - 12:00 PM | Shaft of Humerus Fractures - Nailing vs Plating | Dr. SK. Masthan Basha Associate Professor Department of Orthopaedics ACSR, Nellore. |
| 12:00 - 12:45 PM | Complex Intercondylar Fractures | Dr. A. Sandeep Kumar Assistant Professor Department of Orthopaedics Narayana Medical College & Hospital Chinthareddypalem, Nellore |
| 12:45 - 01:30 PM | Radial Head Fractures - Fix, excise or replace? | Dr. U. Vamsi Krishna Assistant Professor Department of Orthopaedics Narayana Medical College & Hospital Chinthareddypalem, Nellore |
| 01:30 - 02:15 PM | Lunch Break | |
| 02:15 - 03:00 PM | Complex Distal Radius Fracture | Dr. P. Srinivasa Rao Assistant Professor Department of Orthopaedics Narayana Medical College & Hospital Chinthareddypalem, Nellore |
| 03:00 - 03:45 PM | Hand Injuries and its management | Dr. Sri Lakshmi. R Professor Department of Plastic Surgery Narayana Medical College & Hospital Chinthareddypalem, Nellore |
| 03:45 - 04:00 PM | Tea Break | |
| 04:00 - 04:45 PM | MEET THE MASTERS | <ol style="list-style-type: none"> 1. Dr. Biju Ravindran 2. Dr. K. Hari Krishna Reddy 3. Dr. N. Vishnu Vardhan Reddy 4. Dr. SK. Masthan Basha |
| 04:45 - 05:00 PM | Vote of Thanks. | |

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|----------------------------|--|
| Organizing Chairperson | : Dr. Biju Ravindran |
| Organizing Secretary | : Dr. K. Hari Krishna Reddy |
| Treasurer | : Dr. Y. Bharghav |
| Registration and Reception | : Dr. M. Indhra Kumar Varma / Dr. T. Krishna Sandeep |
| Food and Hospitality | : Dr. B. Naga Supreeth / Dr. Deepak Pranesh. R |

REGISTRATION FORM

DATE: 8th June 2025

Name: _____ Designation: _____

Institution: _____

Address: _____

City: _____ State: _____

Mobile Number: _____ Email ID: _____

Andhra Pradesh Medical Council / MCI Number: _____

REGISTRATION FEE

Faculty / Post Graduates - Rs.100/-

Payment Details:

Account No:631001120270,
NMC Conferences and Workshops,
ICICI Bank, IFSC: ICIC0006310, Nellore



GOOGLE FORM LINK:

<https://docs.google.com/forms/d/e/1FAIpQLSffpIS45Rdi2xugmjwL6q3Bj0pP3UeD-ma-PutVnDrNZnsmTw/viewform>