भारत सरकार
स्वास्थ्य और परिवार कल्याण मंत्रालय
स्वास्थ्य और परिवार कल्याण विभाग

लोक सभा
अतारांकित प्रश्न संख्या: 1088
दिनांक 25 जुलाई, 2025 को पूछे जाने वाले प्रश्न का उत्तर

सीजीएचएस आरोग्य केंद्रों में फिजियोथेरेपिस्ट की भर्ती

1088. **श्री रामभुआल निषादः**

क्या **स्वास्थ्य एवं परिवार कल्याण मंत्री** यह बताने की कृपा करेंगे किः

(क) गत तीन वर्षों के दौरान सीजीएचएस आरोग्य केंद्रों में रिक्त, भरे गए और भर्ती प्रक्रियाधीन फिजियोथेरेपिस्ट पदों की संख्या कितनी है और इन रिक्त पदों के क्या कारण हैं; और
(ख) उक्त सभी पदों के लिए भर्ती प्रक्रिया कब तक पूरी होने की संभावना है?

उत्तर
स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री
(श्री प्रतापराव जाधव)

(क) और (ख): फिजियोथेरेपिस्ट के पद हेतु भर्ती नियम दिनांक 24.06.2024 को अधिसूचित किए गए थे। वर्तमान में, सीजीएचएस के तहत फिजियोथेरेपिस्ट का एक स्वीकृत पद रिक्त है। वर्तमान में, सफदरजंग अस्पताल और डॉ. आरएमएल अस्पताल, नई दिल्ली की नफ़री में से पाँच फिजियोथेरेपिस्ट मेडिकल सेंटर, संसद भवन एनेक्सी में तैनात हैं।

फिजियोथेरेपी सेवाएँ सरकार के अधीन किसी भी सार्वजनिक स्वास्थ्य सुविधा केंद्र या सीजीएचएस पैनल में शामिल किसी भी निजी स्वास्थ्य सेवा संगठन के माध्यम से प्राप्त की जा सकती हैं। इस मंत्रालय के दिनांक 01.06.2011 के कार्यालय ज्ञापन संख्या एस-11011/24/2011-सीजीएचएस(पी) द्वारा जारी दिशानिर्देशों के अनुसार, सीजीएचएस लाभार्थियों के लिए घर पर (आवासी) फिजियोथेरेपी का भी प्रावधान है। कार्यालय ज्ञापन की प्रति संलग्न है।

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Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi 110 108

No: S.11011/24/2011-CGHS (P) Dated, the 1st June, 2011

OFFICE MEMORANDUM

Subject: Guidelines for domiciliary rehabilitation medicine intervention for reimbursement to CGHS beneficiaries.

The undersigned is directed to as per extant instructions, domestic rehabilitation of CGHS beneficiaries is not permitted and the patients have to go to hospitals for physiotherapy, etc. CGHS received representations with the request that domiciliary physiotherapy rehabilitation may be permitted since in many cases it is not possible for the patients to be transported / shifted to hospitals for physiotherapy, etc. The request was examined by a committee of experts / specialists in Government hospitals, and it has been decided to issue the following guidelines for domiciliary rehabilitation medical intervention for reimbursement to CGHS beneficiaries:

Guidelines

Domiciliary (home based) care is medically justified in the practice of rehabilitation medicine which involves the care of the patient with chronic diseases or temporary or permanent disability or functional limitation due to lack of health or disease. It is justified as such persons find ambulation practically impossible or are significantly dependent on care giver or the cost of visiting the hospitals become higher than the cost of treatment given. In view of this, it would be necessary to consider providing holistic domiciliary rehabilitation medicine service instead of piecemeal home based physiotherapy only, to CGHS beneficiaries as part of their routine health coverage.

Scope of the service

The following allied health services need to be considered for domiciliary case as stated above:

(i) Physiotherapy;
(ii) Occupational therapy; and
(iii) Speech therapy (for patients of stroke / head injury)

The decision to provide domiciliary care should be based on thorough evaluation and specific prescription including the exact intervention and frequency by a PMR specialist. In a situation of non-availability of PMT specialist, the treating Government specialist having allopathic Post-Graduate qualifications in Ortho / Neurology / Neurosurgery / ENT may allow such benefits following the specific prescription criteria for conditions listed below:-

Conditions requiring domiciliary rehabilitation intervention and recommended duration if domiciliary therapy:

(1) *Orthopaedic disorders:* Post joint replacement surgery in acute phase: Physiotherapy upto two weeks, post – discharge.

(2) *Neurological disorders (for upto six weeks):*

(i) Post stroke: Occupational Therapy (OT), Physiotherapy (PT), and Speech Therapy (ST);

(ii) Traumatic brain injury: OT, PT and ST;

(iii) Gullian-Barre syndrome: OT and PT;

(iv) Spinal cord injury with significant disability / deformity: OT and PT; and

(v) Motor neuron disease: OT, PT and ST.

(3) *Locomotor disabilities,* with a disability of over 80% or those who are totally dependent on care-giver based on the opinion of two Government specialists, by certified care-giver. [Care-giver means Rehabilitation Council of India certified personnel + Physiotherapist and Occupational therapist (duly qualified diploma / degree holder)].

Prescription information:

The prescription for home based rehabilitation programme should include the following descriptive specifics:

(1) The therapy to be used:

(a) Electrotherapy;

(b) Active Exercise Therapy;

(c) ADL Training;

(d) Speech Therapy;

(e) Gait Training; and

(f) Passive Exercises.

(2) The technical person required to institute the therapy;

(3) The frequency of the therapy required by the patient; and

(4) Duration of the therapy programme.

Admissible rates for reimbursement:

The following rates may be reimbursed:

(1) *Physiotherapist*: Maximum of Rs.300/- (Rupees Three hundred only);

(2) *Occupational Therapist*: Maximum of Rs.300/- (Rupees Three hundred only);

(3) *Speech Therapist*: Maximum of Rs.300/- (Rupees Three hundred only);

(4) *Certified Care Giver*: Maximum of Rs. 150/- (Rupees One hundred and fifty only) or Rs. 3,000/- (Rupees Three thousand only) per month for long-term requirements, whichever is less; and

(5) No reimbursement to be allowed for the purchase / hiring of therapy equipment / devices.

2. The guidelines will take effect from the date of issue of the Office Memorandum.

3. This issues with the concurrence of IFD, vide Dy. No: 790 / SS & FA dated the 23rd May, 2011.

4. Hindi version of the guidelines will follow.

[R Ravi]
Director

[Tel: 2306 3483]

To

1. All Ministries / Departments, Government of India
2. Additional Secretary, Cabinet Secretariat, Rashtrapati Bhawan, New Delhi
3. The Managing Director, Central Organisation ECHS, Army (Hq), Maude Line, Delhi Cantonment, New Delhi 110 010
4. Director, CGHS, Nirman Bhawan, New Delhi
5. All Additional Directors /Joint Directors of CGHS cities outside Delhi
6. All Pay & Accounts Officers under CGHS
7. Addl DDG (Hqrs) / Additional Director (Hqrs) / Additional Director (SZ) / Additional Director (NZ) / Additional Director (CZ) / Additional Director (EZ), CGHS, New Delhi
8. JD (Gr.)/JD(R&H), CGHS Delhi
9. CGHS Desk-I/Desk-II/CGHS-I/CGHS-II, Dte.GHS, Nirman Bhawan. New Delhi
10. Estt.I/ Estt.II/ Estt.III/ Estt.IV Sections, Ministry of Health & Family Welfare
11. Admn.I / Admn.II Sections of Dte.GHS
12. Rajya Sabha / Lok Sabha Secretariat
13. Registrar, Supreme Court of India
14. U.P.S.C.
15. Finance Division
16. Deputy Secretary (Civil Service News), Department of Administrative Reforms & Public Grievances, 5th Floor, Sardar Patel Bhawan, New Delhi.
17. PPS to Secretary (H&FW) / Secretary (AYUSH) / Secretary (HR) / Secretary (AIDS Control), Ministry of Health & Family Welfare
18. PPS to DGHS / SS & FA / SS & MD, NRHM / AS (H) / AS & DG (CGHS)
19. Swamy Publishers (P) Ltd., P. B. No. 2468, R. A. Puram, Chennai 600028
20. Nabhi Publications, P. O. Box No. 37, New Delhi 110 001
21. Bahri Brothers, 742 Lajpat Rai Market, Delhi 110 006
22. Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
23. All Staff Side Members of National Council (JCM) (as per list attached)
24. Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar Marg, New Delhi
25. All Offices / Sections / Desks in the Ministry
26. Sr. Technical Director, NIC, MOHFW, Nirman Bhawan, New Delhi, with the request to upload on the website of the CGHS.
27. Office Order folder
28. Guard File

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