



Indepth Clinical Seminars
17306 Cambridge Place
Tinley Park, IL 60477
(708) 612-5992

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here



Evidence-based

Type 2 Diabetes related Impairments and Treatment strategies



By: **Yakub I. Patel**, DPT,MSBA, BS, BPhysio

Sunday

June 24, 2018



Register

Phone: (708) 612-5992

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PROGRAM

- 7:30 A.M. Registration and Coffee
- 8:00 A.M. Diabetes, its definition, incidence, risk factors, complications as they relate to rehabilitation
- 8:30 A.M. Cardiovascular risk factors for adults with type 2 diabetes
- 9:15 A.M. The A1C test and its complications, normal values and Clinical importance
- 10:15 A.M. Break
- 10:25 A.M. Clinical prediction rules (CPRs) to improve patient care in diabetic patients
- 11:15 P.M. Diabetes and altered gait: The role of neuropathy
- 12:00 P.M. Lunch
- 12:30 P.M. The effect of sensory stimulation on movement accuracy in diabetic patients
- 1:15 P.M. Guidelines for diabetic foot ulcer care
- 2:00 P.M. Examination of diabetic patient
- 2:45 P.M. Break
- 2:55 P.M. Stepping Up: Orthotic devices and pressure devices to help patients boost physical activity levels
- 3:30 P.M. Exercise testing of diabetic patients
- 4:15 P.M. Physical functions and performance tests in diabetic patients.
- 5:00 P.M. Summary and Q &As



This course offering complies with the criteria set in 68 Ill. Adm. Code, Section 1340.61(c) 2) and all other criteria in Ill. Adm. Code, Section 1340.61 (8 contact hours).



LOCATION:



Banquets Quality Inn & Suites Conference Centre

8800 West 159th Street
Orland Park, Illinois 60462



From North or East: I 55 to Lagrange Road South, go 5 miles and come to 159th street, go East on 159th street to 88th Ave, turn Left in to the banquet hall.

From West: I355 to I 80 East, exit on 96th Ave (called Lagrange Rd, or US 45 North), come to 159th street, go East on 159th street to 88th Ave, turn Left in to the banquet hall.



REGISTRATION:

Last Name: _____

First Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

PAYMENT METHOD

Check Enclosed Visa

American Express Master Card

Name on Card: _____

Date of Expiration: _____

Card Number: _____



4 WAYS TO SEND THIS REGISTRATION:

1. E--MAIL: yakubyousof@gmail.com

2. FAX:(708)-403-4213.

3. MAIL: In-depth Clinical Seminars

17306 Cambridge Place

Tinley Park, IL 60487

4.Website: www.indepthseminars.com



INSTRUCTOR:

Yakub I. Patel, DPT,MSBA,BS,B Physio is the owner and CEO of Yousuf Enterprises, Inc. He is a highly experienced clinician with over 30 years in the field and has been a member of the American Physical Therapy Association since 1979. He holds undergraduate degrees in physical therapy and health occupations education and a graduate degree in business administration and a doctoral degree in Physical Therapy. He has worked in all clinical settings including hospitals, rehabilitation centers, out-patient clinics, and industrial rehabilitation facilities. Over the years he has developed unique ways to thoroughly investigate available research to support clinical tests and therapeutic approaches. He has been an ardent advocate of evidence-based practice.



REGISTRATION FEE:

SINGLE REGISTRANT \$ 125

2 TO 4 \$ 105

5 to10 \$ 100

