

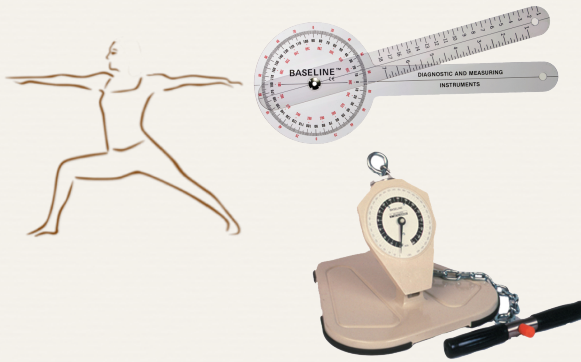


Indepth Clinical Seminars  
17306 Cambridge Place  
Tinley Park, IL 60477  
(708) 612-5992

Place Stamp  
here



## Using Evidence-based Standardized Tests and Measures for Objective Assessment



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

**Sunday**  
**January 10, 2016**



Register  
Phone: (708) 612-5992  
Fax: (708) 633-7223  
E mail: [yakubiousuf@gmail.com](mailto:yakubiousuf@gmail.com)

## PROGRAM

- 7:30 Registration and Coffee
- 8:00 Introductions and course objectives
- 7:45 Pre-seminar quiz and discussion on general principles of tests and measures
- 8:00 Using tests and measures in acute care settings
- 8:45 Tests and measures to evaluate gait dysfunctions
- 9:30 Common tests and measures in home health settings
- 10:30 Tests and measures for back and neck ailments
- 12:00 Lunch
- 12:30 Using tests and measures for neurological conditions
- 1:30 Measuring progress with tests and measures in cardio-pulmonary conditions
- 2:00 Break
- 2:10 Tests and measures for shoulder and hand functions
- 3:15 Summary of most common tests and measures which require no instrumentation
- 4:15 Case Studies
- 5:00 Q & A and post-seminar Evaluation
- 5:15 Conclusion



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



**LOCATION:**

**Axon Physical Therapy and Wellness**

**15868 S Lagrange Road  
Orland Park, IL 60462**



From North or East: I-55 to Lagrange Road South, go 5 miles and come to 159th Street, go West on 159th Street for 800 ft, turn to your right in to the shopping plaza.

From West: I-355 to I-80 East, exit on 96th Ave (Lagrange Rd, or US 45 North), come to 159th Street, go West on 159th Street for 800 ft, turn to right in to the shopping plaza.



**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](mailto:yakubyousof@gmail.com)

2. FAX: (708)--633--7223.

3. MAIL:            **Indepth Clinical Seminars**  
                         **17306 Cambridge Place**  
                         **Tinley Park, IL 60487**

4. Website: [www.indepthseminars.com](http://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 is an ardent advocate of evidence-based practice.



**REGISTRATION FEE:**

<b>SINGLE REGISTRANT</b>	<b>\$ 125</b>
<b>2 TO 4</b>	<b>\$ 105</b>
<b>5 to10</b>	<b>\$ 100</b>

