

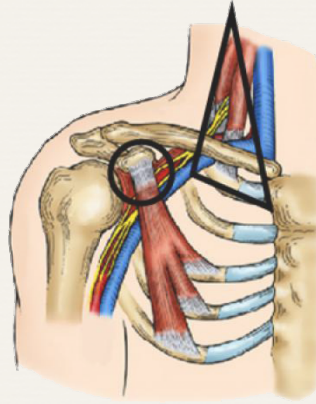


Indepth Clinical Seminars
17306 Cambridge Place
Tinley Park, IL 60477
(708) 612-5992

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Evidence-based Advanced Concepts of Pain Management and Dysfunction in the Upper Quadrant



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

Sunday
July 31, 2016



Register
Phone: (708) 612-5992
Fax: (708) 403-4213
E mail:yakubiousuf@gmail.com

PROGRAM

- 7:30 Registration and coffee
- 8:00 Introductions, course objectives and pre-seminar quiz
- 8:15 Specific anatomy of the upper quadrant
- 9:15 Neurological, visceral, fascial or neural elements in upper quadrant
- 10:15 Break
- 10:45 Origins of quadrant dysfunction and identifying pathology with differential diagnosis
- 11:15 TMJ pathology and treatment approaches
- 12:00 Lunch
- 12:30 Cervical and thoracic spine disorders and rehabilitation approaches
- 1:30 Origin of upper quadrant disorders from visceral organs (diaphragm, heart, pleura, lungs)
- 2:00 Thoracic outlet syndrome and brachial plexus disorders
- 3:00 Functional anatomy and biomechanics of shoulder joint and movement disorders
- 3:15 Break
- 3:30 Mobilization techniques and neurodynamics of the upper quadrant.
- 4:15 Q and A
- 5:15 Summary and Evaluation



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:

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 right in to the shopping plaza.

From West: I355 to I 80 East, exit on 96th Ave (called Lagrange Rd, or US 45 North), come to 159th street, go West on 159th street for 800 ft, turn 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

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

