



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

Place Stamp
here



Evidence-based Cardiopulmonary Rehabilitation



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

Sunday
October 18, 2015



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

PROGRAM

- | | |
|-------|---|
| 7:30 | Registration and Coffee |
| 8:00 | Introductions and course objectives |
| 7:45 | Pre-seminar quiz and discussion on implications of cardiopulmonary diseases on mobility and other functions |
| 8:00 | Cardio- pulmonary anatomy and physiology |
| 8:45 | Evaluation of evidence-based literature related to cardiopulmonary therapy |
| 9:30 | Surgical interventions and acute and post-operative rehabilitation |
| 10:30 | Survey of common cardiopulmonary conditions |
| 12:00 | Lunch |
| 12:30 | Assessment techniques for cardiopulmonary patients |
| 1:30 | Rehabilitation for Emphysema, COPD and other pulmonary conditions |
| 2:00 | Break |
| 2:10 | Care Plan and selecting rehabilitation approach |
| 3:15 | Importance of patient and family education in cardio-pulmonary rehabilitation |
| 4:15 | Case Studies |
| 5:00 | Q and A and post-seminar Evaluation |
| 5:15 | Adjourn |



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 to your Right in 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 to your Right in 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:** yakubyouusuf@gmail.com**2. FAX:**(708)--633--7223.

3. MAIL: Indepth 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

