

SLEEP-RELATED BREATHING DISORDERS & CRANIOFACIAL PAIN

For Adults & Children - A System for Dx and Tx Mini-Residency

48 Hours Lecture & Participation CE

" Mini-Residency in SDB/Craniofacial Pain (for adults & children), is a powerful display of new cases, new technologies, live demonstration that cannot be duplicated via video. It must be experienced. This program is a turnkey for implementing a "System" that has been proven all over the world."

- Steven Olmos DDS, TMJ & Sleep Therapy Centre International Founder & CEO



Session 1

- ◆ Screening SBD, Sleep Disordered Breathing, OSA, Craniofacial Pain
- ♦ How to Find CR
- ◆ Imaging: CBCT, MRI Interpretation (Your Cases)
- Electrodiagnostics: JVA
- ◆ Motor Nerve Reflex Evaluation (Neural and Orthopedic Screening)
- ◆Anatomy Head and Neck
- ◆Airway and TMJ Neuroanatomy
- Diagnosis and Treatment Planning

Session 2

- ♦ Sleep Disorders
- ◆ Triage of Sleep Appliance Therapy
- ♦ Headaches
- ◆ Recapturing Discs
- Orthotic Design & Indications
- ◆Pharmacology

Session 3

- ◆Sleep Disorders that Cause TMJ Pain
- ♦ Neuropathic Disorders
- ◆Typical and Atypical Neuralgias
- ◆Musculoskeletal Pain
- ◆Physical Medicine Modalities
- Orthodontic/Orthopedic, Removable and fixed prosthodontics treatment for facial/jaw pain and breathing disorders
- ◆Nutrition
- ◆ Pediatric OSA (Treatment Options)
- ◆Myofunctional Therapies and Myobrace

Directed by International Educator Steven Olmos, D.D.S.

Founder, TMJ & Sleep Therapy Centres International Diplomate, American Board of Craniofacial Dental Sleep Medicine Diplomate, American Board of Dental Sleep Medicine Diplomate, American Board of Craniofacial Pain FAAOP, FAACP, FICCMO, FADI, FIAO, FACD, FPFA

♦ All Forms & Documentation are Supplied to Successfully Implement Treatment.

Testimonials

"The TMJ & Sleep Therapy mini - residency was a game changer for me in how I evaluate and treat my entire patient base. I've always known there was a "blind-spot" in my evaluation and management of bruxers and patients with facial pain. Dr. Olmos' course taught me more than I could ever imagine about chronic pain, airway and breathing concerns and bruxism. Most important, the material learned is supported by an unimaginable amount of researched literature references."

-Ryan L. Skale, DDS - Chicago, IL

"You will leave this course prepared to treat TMD and Sleep Disordered Breathing at a level you didn't even know existed. No other CE program has delivered results like this one. Dr. Olmos' researched/evidenced based systems added \$1,000,000 of production to our practice within 12 months. This will be the best investment you've ever made in your practice."

- Dr. Daniel Klauer, South Bend, IN

Course Includes:

- ♦ 3 DIGITAL Manuals.
- ♦ One Hour Quarterly Follow Up Webinars for Attendees.

Dates:

Session 1 April 23-24, 2021 Session 2 May 14-15, 2021 Session 3 June 11-12, 2021

NEW Location: Chicago, IL

Preferred Hotel

Chicago Marriott Downtown Magnificent Mile 540 Michigan Ave, Chicago, IL 60611 (312) 836-0100

> Limited number of rooms at a Special Rate BOOK EARLY!

(Special block rates closes 30 days before start of session) Contact Hotel directly for reservations

Register Today!

www.tmitherapycentre.com Or speak directly with our Education Administrator 877.865.4325 / 619.462.0676



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CORRECTING BREATHING











2021 MINI-RESIDENCY COURSE REGISTRATION

Fax: (619) 469-4524 | Email: Education@tmjtherapycentre.com

Doctor Name(s):						
Staff Name(s):						
Address:		City:				
Province/State:	Postal/Zip	Postal/Zip Code: Co		ountry:		
Email:						
Cell Phone:	Office P	Phone:				
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Cancellation Policy: All refunds will be issued made in writing (emails accepted) up to 30 days p offer refunds within 30 days of a session due to to attend the missed session at a later date. In the refunded in full within 21 days following the sch Please initial here to confirm that you have read and	orior to the start of the prog non-refundable commitmen ne unlikely event that T & S neduled date of the event.	ram and will be refunts. In the event that Therapy Centre Inte	inded in full less at you cannot a	10% of the fe ttend a session	es collected. We are unable t , arrangements can be mad	
I understand, accept and acknowledge that this agree	eement made thisda	y of	, 2021 to be in	effect and bind	ling as of said date of signing	
Print Name:		Sign	ature:			
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Invoice #		Sales Order #				