

# **MOTOR NERVE** REFLEX TESTING

A Hands-On Program For Finding Structural Injury

## 14 Hours of Lecture & Participation CE



**TO IMPROVE YOUR** 

#### **DIAGNOSTIC** SKILLS!

### **Course Objectives**

- ◆ Learn how to treat cause instead of chasing symptoms
- ◆ Learn a reproducible SYSTEM for screening and triaging of structural
- ◆ Learn how to identify and handle dual primary problems
- Know when to refer and who to refer to
- ◆ Learn how being the director of patient care gets you results in
- ◆Learn what to do when the patient is still symptomatic.
- ◆ Understand the difference between Neural Reflex Testing and Kinesiology (Muscle) Testing and when to use one over the other

#### Course Includes:

- 2 Full Days of Lecture & Hands-On Instruction
- Instructional DVD, Step-by-Step Manual & **Protocol Flowcharts**



#### 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 Diplomate, Academy of Integrative Pain Management FAAOP, FAACP, FICCMO, FADI, FIAO

#### **Dates & Location:**

January 21-22, 2018 Toronto, ON

**Toronto Airport Westin** 950 Dixon Road Toronto, ON M9W 5N4 Canada

#### **Testimonials**

"We have implemented Dr. Olmos' TMD/Sleep and Ortho protocols. This approach has considerably raised the precision of our diagnosis, the speed of treatment and has consistently produced predictable resolution of our patient's conditions. Implementing Dr. Olmos' protocols has elevated our good track record to great."

- Joseph Baba, DDS, Wichita, KS













### **Register Today!**

**DUE TO THE HANDS-ON** NATURE OF THIS COURSE. SPACE IS LIMITED!

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



Approved PACE Program Provider FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current terms. of approval extends from 6/1/14 to 5/31/18.





# 2018 MOTOR NERVE REFLEX TESTING COURSE REGISTRATION Fax 619-469-4524 | Email education@tmjtherapycentre.com

Doctor Name(s):				
Staff Name(s):				
Address:		City:		
Province/State:		Postal/Zip Code:	Count	ry:
Email:				
Cell Phone:		Office Phone:		
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Staff Fee \$950 x	Staff	\$		\$
TOTAL COURSE FEE		\$		\$
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☐ I authorize a one time <b>Course</b>	charge on my cro	edit card for the entire amour	t for my registration o	f the <b>Motor Nerve Reflex Testing</b>
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understand, accept and acknow	rledge that this agree	ment made thisday of	, 2018 to be in e	ffect and binding as of said date of signing.
Print Name:		Signature:		
Referred by:				
		FOR OFFICE USE ONLY		
Invoice #		Sales Order #	Sales Order # PIF#	