

# **MOTOR NERVE** REFLEX TESTING

A Hands-On Program For Finding Structural Injury

# 16 Hours of Lecture & Participation CE



# **Course Objectives:**

- ◆ Learn how to treat cause instead of chasing symptoms
- ◆ Learn a reproducible SYSTEM for screening and triaging of structural injuries
- ◆ 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 treatment
- ◆ 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.
- **♦ BRAND NEW** Instructional Videos & Step-by-Step Manual.
- Protocol Flowcharts

THE MOST **IMPORTANT COURSE YOU WILL EVER TAKE** TO IMPROVE YOUR DIAGNOSTIC SKILLS!



### 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:** November 15-16, 2020

Location: Hyatt Regency Mission Bay Spa & Marina

San Diego, CA

# **Testimonial**

"... The whole profession should take this course. It plays such a vital role in helping our patients. I had no idea of the scope of what we can test and then be able to help our patients with targeted success. I felt like now, I really graduated dental school, meaning the dots are all connected! I have been practicing for over 28 years. I did not realize with my past knowledge and now with this new knowledge how much could I help so many patients in my practice. It is truly creating me a different level dentist! It is very exciting! I could not wait to get back to the dental office and apply what I learned..." Dr. Cynthia K. Brattesani, San Francisco, CA

## **Preferred Hotel**

Hyatt Regency Mission Bay Spa and Marina 1441 Quivira Road, San Diego, CA 92109 +1 619 224 1234

> 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! DUE TO THE HANDS-ON NATURE OF THIS COURSE, SPACE IS LIMITED!

www.tmitherapycentre.com 877.865.4325 / 619.462.0676



























T&S THERAPY CENTRE INTERNATIONAL (Nationally or Locally) Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by





# 2020 MOTOR NERVE REFLEX TESTING COURSE REGISTRATION

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

Doctor Name(s):						
Staff Name(s):						
Address:		City:				
Province/State: Pos		l/Zip Code:	Со	untry:		
Email:						
Cell Phone:	Of	fice Phone:				
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Dentist Fee \$2195 x	Sessions	\$_			\$	
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TOTAL COURSE FEE		\$			\$	
Please Select One Option:  ☐ I authorize a one time charge on my Course	y credit card for the	e entire amou	nt for my registrati	on of the <b>M</b>	otor Nerve Reflex Testing	
PLEASE CHOOSE: □ VISA	□ MASTE	RCARD	□ DISCOVE	<b>.</b> 🗆	AMERICAN EXPRESS	
Name on Card:						
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Cancellation Policy: All refunds will be issumade in writing (emails accepted) up to 30 day offer refunds within 30 days of a session due to attend the missed session at a later date. In be refunded in full within 21 days following the selection of the serious properties in the serious properties of the serious properties are the serious properties.	s prior to the start of the to non-refundable con the unlikely event tha scheduled date of the ev	ne program and valuations and valuations. In the table T & S Therapy went.	will be refunded in full e event that you canno CentreInternational ca	less 10% of totated a se	he fees collected. We are unable to ession, arrangements can be made	
I understand, accept and acknowledge that this a	ngreement made this	day of	, 2020 to b	e in effect an	d binding as of said date of signing.	
Print Name:			Signature:			
Referred by:	F	OR OFFICE USE ONLY				
Invoice #		Sales Order #		PIF#		