

MOTOR NERVE REFLEX TESTING

A Hands-On Program For Finding Structural Injury

16 Hours Lecture & Participation CE

"...In my 35 years of treating patients, the most reliable testing I have ever used is without questions, the patient's own neurology! Therefore, Motor Nerve Reflex Testing has been a staple in the diagnosis and treatment of orthopedic problems throughout our medical community...This is the most exciting course I teach! ... I look forward to sharing this diagnostic skill with you."

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



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 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.
- 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 FAAOP, FAACP, FICCMO, FADI, FIAO, FACD, FPFA

June 13-14, 2021 Dates: **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

Testimonial

"The TMJ & Sleep Therapy Centre International Motor Nerve Reflex Course is the most important course I have taken in my dental career. There truly isn't another course where you can learn how to identify the root cause of patients' pain concerns. You will feel more confident when treating patients' chief complaints and be able to help considerably more people by eliminating their problem instead of just masking it."

Dr. Brandon A. Brunner, Brookfield, WI

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

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







IMAGING















T&S THERAPY CENTRE INTERNATIONAL (Nationally or Locally) Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by any regulatory authority or AGD endorsement. 6/11/8 to 5/31/22 Provider ID# 305666





2021 MOTOR NERVE REFLEX TESTING COURSE REGISTRATION

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

Doctor Name(s):						
Staff Name(s):						
Address:					City:	
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Province/State:		Postai	/Zip Code:		untry:	
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♦ Dentist Course Fee \$2195 per s	ession	▶ <i>MD, DO, DC, P</i> ′	T Course Fee \$1	695 per session	♦ Staj	ff Course Fee \$950 per session FOR OFFICE USE ONLY
Dentist Fee \$2195 x	S	Sessions	\$			\$
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Staff Fee \$950 xStaff	xS	Sessions	\$		_	\$
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Cancellation Policy: All refunds will made in writing (emails accepted) up to offer refunds within 30 days of a sess to attend the missed session at a later be refunded in full within 21 days follow Please initial here to confirm that you h	o 30 days prion sion due to non date. In the u wing the schedu	r to the start of th n-refundable com nlikely event that iled date of the eve	e program and v mitments. In the T & S Therapy (ent.	vill be refunded in full e event that you canno Centre International can	less 10% of to tattend a se	he fees collected. We are unable to ession, arrangements can be made
I understand, accept and acknowledge t	hat this agreen	nent made this	day of	, 2021 to b	e in effect and	d binding as of said date of signing.
Print Name:				Signature:		
Referred by:		Er	DR OFFICE USE ONLY			
Invoice #		Sales Order # PIF#			<u></u>	