

# **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
- ◆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

- ♦ One Hour Quarterly Follow Up Webinars for Attendees.
- ♦ All Forms & Documentation are Supplied to Successfully Implement Treatment.

# **Testimonials**

"The TMJ & Sleep Therapy Centre 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 research literature references."

-Ryan L. Skale, DDS - Chicago, IL

"You will leave this course prepared to treat TMJ 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/evidence 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.

## **Dates:**

Session 1 September 9-10, 2022 Session 2 October 7-8, 2022 Session 3 November 11-12, 2022

Location: San Diego, 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!

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







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# **2022 MINI-RESIDENCY COURSE REGISTRATION**

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

Doctor Name(s):			
Staff Name(s):			
Address:			_ City:
Province/State:	Postal/Zip Cod	e:C	ountry:
Email:			
Cell Phone:	Office Phon	e:	
☐ MINI RESIDENCY Session 1 Sept	tember 9-10, 2022	☐ MINI RESIDEN	CY Session 2 October 7-8, 2022
☐ MINI	RESIDENCY Session 3 N	November 11-12,	2022
<ul><li>Dentist Course Fee \$2195 per session *Partner and Associate DDS/DMD</li></ul>	♦ MD, DO, DC, PT Course Fe	e \$1695 per session	◆ Staff Course Fee \$950 per session FOR OFFICE USE ONLY
Dentist Fee \$2195 xSession	ons	\$	<u>\$</u>
MD, DO, DC, PT Fee \$1695 x	Sessions	\$	\$
Staff Fee \$950 xStaff x	Sessions	\$	\$
DISCOUNT CODE:		\$	
TOTAL COURSE FEE		\$	<u> </u>
Please Select One Option:  ☐ I authorize my credit card to be char be due 30 days in advance of course. ☐ I authorize a one time charge on my			
Mini Residency Course.  PLEASE CHOOSE: □ VISA	□ MASTERCARD	□ DISCOVE	R □ AMERICAN EXPRESS
Name on Card:			
Billing Address:	City	/:	State:Zip Code:
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