## **COURSE PREPARATION MATERIALS**



### **Practical Advanced TMD Practice:**

Level 1

LVI Global 1401 Hillshire Drive, Ste 200 Las Vegas, NV 89134 www.lviglobal.com 888.584.3237 R)



Please note travel expenses are not included in your tuition. Visit the <u>LVI Global website</u> for the most up to date travel information.

IT IS HIGHLY RECOMMENDED THAT YOU BOOK YOU HOTEL AS SOON AS POSSIBLE.

30 DAYS OUT LVI'S ROOM BLOCK WILL BE RELEASED SO ROOMS MAY NOT BE AVAILABLE



# **Required Materials**

- Please bring computerized scans of cases you would like to go over in the course.
- As a part of this advanced TMD course, you will be learning how to take a GTO/TAG bite on each other. If you have any further questions or concerns, please do not hesitate to contact us.
- Models of self with visible labial frenums (DOCTORS ONLY). This can be accomplished by pulling the lip out while taking the impression
- Send your consent forms located at the end of this packet.
  - o programs@lviglobal.com
  - o Fax Number 702.492.1947

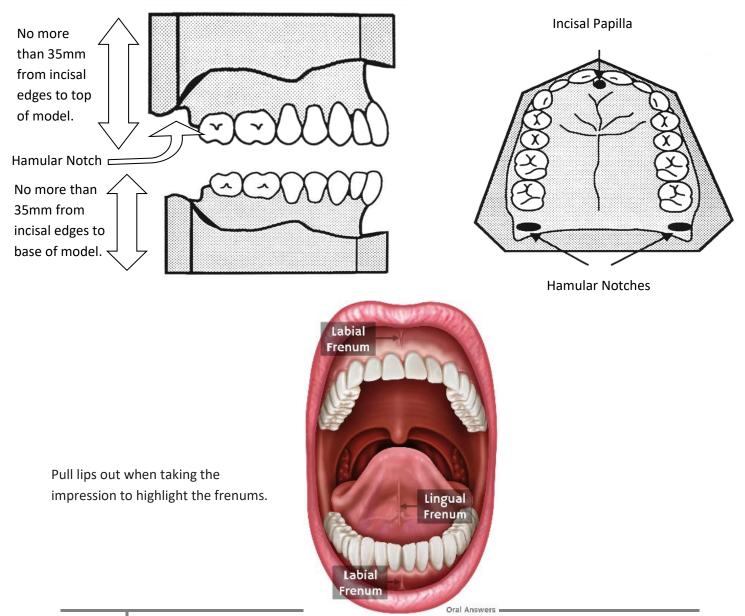
### AUDITORS MUST ALSO BRING MODELS



## **Course Preparation Materials**

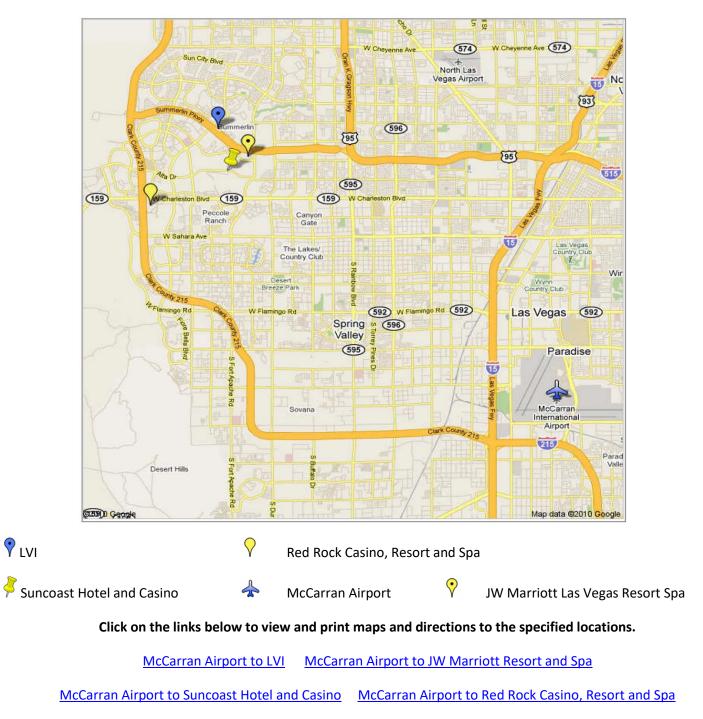
#### Doctors (AUDITORS MUST ALSO BRING MODELS) Please BRING with you:

One set of models and PVS impressions of your own mouth. If you do not bring your models with you there will be a \$100 charge to make them on campus. Upper models must include hamular notches and incisal papilla. Please do not trim them off. Models must be unmounted and must have HIP and Facial buccal frenums.









JW Marriott Resort and Spa to LVI Suncoast Hotel and Casino to LVI Red Rock Casino, Resort and Spa to LVI



#### What is the weather like in Las Vegas?

In the winter months temperatures range from 15-60°. In spring the weather is nice with highs between 70-80°. Summer months are hot, highs up to 110°, with nice warm summer nights. In the fall it cools down with temperatures back around 70-80 degrees.

#### What should I wear when I come to LVI?

Business casual. We tend to keep the building cold so you might want to bring a light sweater.

#### What should I wear if I am treating a patient in the clinic?

Just as you would in your office, appropriate Clinical Attire is expected at LVI. Attire should conform to OSHA/CDC guidelines and regulations, and should include protection like closed toed shoes for all of the team in the clinical setting.

#### Is food served at LVI?

A continental breakfast is served at 7:00 each morning and lunch is provided each afternoon. Snacks are also available throughout the day.

#### How far is the Las Vegas Strip from LVI?

Approximately 12 miles. It could take up to 30 minutes with traffic.

#### Do you provide transportation to LVI?

LVI provides transportation *only* from The Red Rock Hotel. Check with the Bell Stand for pick up times on course days.

#### Where do I check-in when I first arrive at LVI?

For every course you attend at LVI, you must check-in on the first day in the **Hillwood Building** (Building with the purple rotunda). You will be directed to breakfast at registration.



## **Course Change and Cancellation Policy**

Registration fees are non-refundable and must be exercised within two years. LVI Global, LLC ("LVI") reserves the right to cancel courses 30 days prior to the scheduled date of a course or activity. Should LVI cancel a course or activity, LVI will apply the full value of any deposits and fees related to said course or activity to future LVI course or activities. Should LVI cancel a course or activity, you may also have the option of having the deposits returned to you. Fees remain non-refundable but, may be reapplied to another course or activity. LVI will not be responsible for any other fees, costs or consequential damages associated with canceling this LVI course or activity. For courses requiring a live-patient, the treating Doctor must bring a patient of record. During courses conducted at LVI, I understand that photographs or video may be taken of me for educational and marketing purposes. I hold harmless LVI for any liability resulting from this production. I waive any right to inspect the finished production as well as advertising materials in conjunction with these photographs. I understand that I may receive marketing materials as a result of my attendance.

#### **Change/Cancellation/Postponement Policy:**

- A change, cancellation or postponement of course date is not complete without your required signature and date.

#### The following do not apply if moving from TBD status to date selection

- If change, cancellation, or postponement is received 60-90 days prior to registered course, 25% of the course fee will be forfeited.

- If change, cancellation, or postponement is received within 60 days, 50% of the course fee will be forfeited.

- If change, cancellation, or postponement is received less than 30 days prior to your registered class, 100% of the course fee will be forfeited.



#### How many CE hours can I expect to receive from this course?

After completing this program, you will receive a CE form of the appropriate AGD approved continuing education credit hours. These credits represent the lecture and participation portion of the course.

#### When will I receive my CE credits?

Your CE form will be presented along with your attendance medallion and/or letter. Please keep a copy of this form in your office records.

#### Does LVI submit my CE credits for me?

We will submit your CE credits to the AGD if you provide us with your AGD number. It is your responsibility to keep the CE form indicating your credits on file in your office and, if necessary submit your CE hours to the appropriate organization(s) (i.e.: your state/territory, etc.).

#### What happens if I lose my CE letter?

Once you receive your CE form, hold on to your originals and send copies when submitting your organizations. If your original letters are misplaced, LVI must charge a \$30.00, per course, processing fee for necessary research. Replacement CE letters can take up to 3 weeks to receive.

#### **Educational Objectives:**

The educational objectives for this course are for the participants to be able to:

- Implement treatment plans for TMD cases
- Utilize the GPS Navigation System and the GTO Bite
- Evaluate head and neck radiographics
- Utilize predictable TMD evaluation techniques
- Solve advanced problem cases
- Defend your NM tx
- Treat the difficult cases when you get home.



# Informed Consent and Release

#### Stretching Techniques for Cervical Range of Motion and Decompression

I, \_\_\_\_\_\_, (please print) understand and agree that during the course at LVI, in which I participate, I shall both practice and participate in gentle stretching techniques to demonstrate the ability to improve cervical range of motion, which affects mandibular posture. I will also participate in demonstration of TMJ stretching techniques to improve the range of motion of the TMJ. I understand that the purpose of this course is to demonstrate the benefits of these stretching therapies and that the nature of this contact is such that I will allow stretching to be performed on me by course instructors and participants alike. I also understand that this is not a course on physical therapy, that it's purely for demonstration purposes and further instructions in these types of techniques are needed. Initials: \_\_\_\_\_\_

**TMJ and Cervical Joints** are synovial joints, which become compressed in dysfunction. The synovial fluid is essential for lubrication, nutrition, shock absorption and comfort. Compression leads to dysfunction in the joints and compensation by the muscles supporting the joint. This can result in pain as well as a limited range of motion. The purpose of these demonstrated stretching techniques is to stretch the muscles associated with the joints. This allows natural decompression and lubrication of the synovial joint spaces. The exercises performed are gentle stretches. There are no high velocity manipulations as are common in chiropractic practice.

There are **Risks of any range of motion exercises** include aggravation of an existing condition, headache, nausea, vomiting and pain at the stretching site. There is a risk of injury to nerves or muscles as well as temporary or permanent nerve paralysis. There is a risk of stroke or CVA. There is a risk of spinal cord injury during neck stretches. There is a possibility of death from complications of treatment.

Initials:

Further, I understand that this course may be filmed for future educational and/or promotional purposes. I give LVI Global, LLC permission to use these images, which may or may not include me, for educational and/or promotional purposes.

#### FOR ALL PARTICIPANTS:

- 1. I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE RISKS, BENEFITS AND ALTERNATIVES TO THESE PROCEDURES. ALL MY QUESTIONS HAVE BEEN SATISFACTORILY ANSWERED. I HAVE SUFFICIENT INFORMATION AND UNDERSTANDING TO MAKE AN INFORMED DECISION. I hereby give my consent for the use of stretching techniques to muscles of the head and neck, which affect the cervical and temporo-mandibular joints.
- 2. I hereby release LVI Global, LLC ("LVI") and its affiliates, owners, managers, officers, employees, legal representatives, successors and assigns (the "Releasees"), of and from any and all claims of liability, causes of action, losses, damages, and expenses related to, arising out of, caused by, or resulting in any way from the stretching exercises performed as part of this course, at LVI's facilities and through the use of LVI's instruments and equipment.
- 3. I hereby acknowledge that (i) LVI is making its facilities, instruments, and equipment available to the course faculty, solely as an accommodation to the visiting faculty in demonstrating these techniques and procedures, (ii) The visiting faculty are not an employee or agent of LVI, (iii) LVI has neither recommended nor endorsed their professional qualifications, skills, knowledge, or performance in these procedures, and (iv) LVI does not represent, warrant, or guarantee the safety or efficacy of, or otherwise stand behind, the techniques demonstrated.
- 4. I agree that I have, by reason of this Informed Consent and Release, no dispute with, or claim, action, or cause of action against, the Releasees, or any one or more of them, in respect of the Injections.
- 5. I agree that this Informed Consent and Release shall be governed by, and interpreted and determined under, the laws of the State of Nevada without regard to the conflicts or choice of law rules of that State.

Participant Name (Print)

Patient's Signature

Date



### **PARTICIPANT INFORMED CONSENT**

As a participant in **PAT 1**, I understand that I will be participating in hands-on training in the use of certain diagnostic techniques and procedures used in neuromuscular dentistry.

During class demonstrations the following will occur on every participant: bite registration with tens and without tensing.

If you have any of the following conditions you are advised **<u>not</u>** to TENs:

- Pregnant
- Pacemaker
- Temporal Arteritis
- Active cancer

If you have any other medical conditions please consult with the Director prior to participating.

By signing below you understand the contraindications and have no medical restrictions. Participation is optional at all times.

Date of course: \_\_\_\_\_

Printed Name

<mark>Signature</mark>

Doctors Name (if team)

Date Signed

### PAT 1 Manual Order Form

All course manuals will be in a digital format. You will need to bring a laptop or tablet in which you have Wi-Fi capability and access to your email. Each attendee (doctor and team) will need access to a laptop/tablet. We will provide note paper and pens onsite. Please be sure to bring your charger as well, as you will be utilizing the manual throughout the entire day.

If you prefer a printed version of your course manual we are happy to accommodate with the additional fee of \$150 + 8.375% NV Sales Tax (onsite pick up only) per manual.

Please send in the form two weeks prior to the course date you are attending, whether you plan to bring your laptop or want a printed manual. <u>Note: If you choose to have your</u> <u>manual printed, this form has to be turned in 2 weeks prior to the course or we cannot</u> <u>guarantee that you will have the manual printed when you arrive on campus.</u>

Course Date Attending: \_\_\_\_\_

Please indicate your selection below:

□ I agree to bring a laptop or tablet and charger with email and Wi-Fi access for myself and each of my team members attending the course.

Signature:		Date:				
I would like to per manual for		course manual fo and/or my team.	or \$150 + 8	8.375% NV Sale	s Tax (onsite	pick up only)
Number of ma	nuals:		Total Price	:		
Signature:		Date:				
Billing Address						
Name:						
Address:		Suite #:				
City:		Sta	ite:	Country	Zip:	
Phone: Email:						
Please charge fee to	the cred	it card below.				
Please circle one:	Visa	Mastercard	Discove	r AMEX		
CC#		Exp:		_3 or 4 Digit Co	ode:	
Signature:		Date:				
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Please return to LVI: Email: programs@lviglobal.com