

COURSE PREPARATION MATERIALS



Practical Advanced TMD Practice:

Level 2

LVI Global
1401 Hillshire Drive, Ste 200
Las Vegas, NV 89134
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888.584.3237



Travel Information

Please note travel expenses are not included in your tuition. Visit the [LVI Global website](#) for the most up to date travel information.

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

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

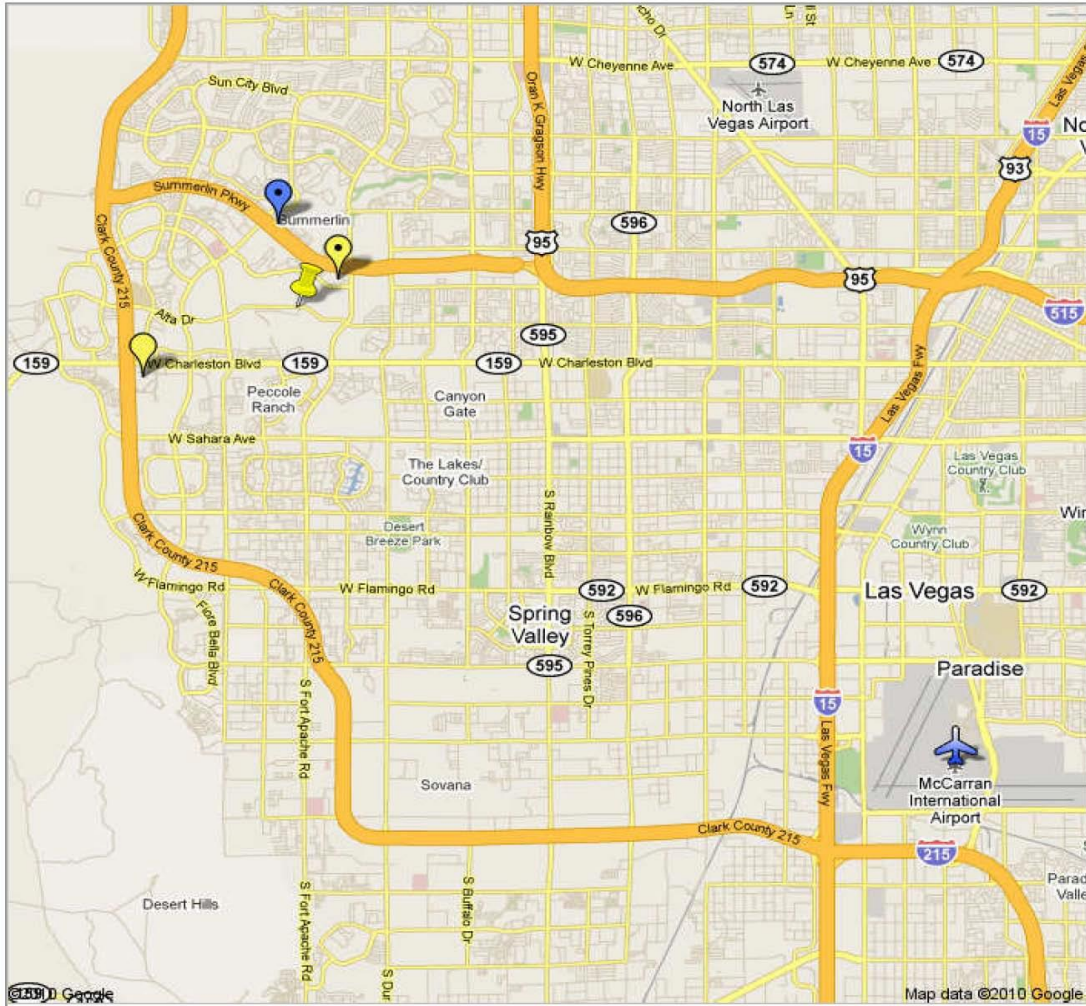


Required Materials

- Please bring with you records and scans of any case you would like to discuss on the last day.
- As a part of PAT 2, you will be learning cervical stretching techniques that optimize better posture for NM bites as well as learn how to give certain trigger point injections. Please review the attached consent forms for participation, sign, and return to LVI prior to the course. If you have any further questions or concerns, please do not hesitate to contact us.
- It is recommended that you dress in comfortable clothing appropriate for stretching exercises on Day 2 of the course and a loose fitting button up shirt to make accessing trigger points easier on Day 3. Fax Number 702.492.1947 or programs@lviglobal.com



Maps and Directions



LVI



Red Rock Casino, Resort and Spa



Suncoast Hotel and Casino



McCarran Airport



JW Marriott Las Vegas Resort Spa

Click on the links below to view and print maps and directions to the specified locations.

[McCarran Airport to LVI](#)

[McCarran Airport to JW Marriott Resort and Spa](#)

[McCarran Airport to Suncoast Hotel and Casino](#)

[McCarran Airport to Red Rock Casino, Resort and Spa](#)

[JW Marriott Resort and Spa to LVI](#)

[Suncoast Hotel and Casino to LVI](#)

[Red Rock Casino, Resort and Spa to LVI](#)



Frequently Asked Questions

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.



CE Information

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:

- ▶ Discuss a gnathologist's interpretation of computer generated data
- ▶ Utilize the EMG to identify ascending versus descending pain reference patterns
- ▶ Correlate objective data to patient history and physical findings
- ▶ Discuss practical and relevant aspects of case stabilization including co-therapy
- ▶ Utilize advanced EMG/ESG data collection and interpretation protocols
- ▶ Utilize Scans 2, 13 and 15 to help diagnose the TMD condition
- ▶ Discuss the growth and development of the crania-facial structures.
- ▶ Discuss the functional classifications of craniomandibular disorders
- ▶ Identify upper airway obstruction in the development of malocclusion , micrognathia and reconstruction failures
- ▶ Describe etiology and correction of tongue thrust and TMD malocclusion.

- ▶ Discuss the importance of testing the cranial nerve and the use of radiographic analysis.
- ▶ Identify postural effects and their interrelationships with occlusion.
- ▶ Discuss the neurological and neurotransmitter control of mastication and posture.
- ▶ Discuss the functional anatomy of the autonomic nervous system.
- ▶ Identify options for treatment of pain such as acupuncture meridian and auricular acupuncture.
- ▶ Discuss the importance of Sleep Breathing Disorders and its impact on the NM balance
- ▶ Perform diagnostic injections into trigger points to help with diagnosis



Informed Consent and Release

PAT 2

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

Trigger Point Injection Liability Waiver

Informed Consent and Release for Diagnostic Anesthetic Blocks/Trigger Point Injections/Anti-inflammatory Injections

To the best of my knowledge, I am in good health and physical condition and fully able to participate in this LVI Diagnostic/Therapeutic Injection Intensive course. I am fully aware of the risks and hazards connected with my participation in this course and my allowing myself to be injected by others during this course, including physical injury, permanent disability, paralysis, or even death. I hereby elect, nevertheless, to participate voluntarily in this course, knowing that the associated injections may be hazardous to my physical well-being and may even result in my death. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF MY PARTICIPATION IN THIS COURSE, INCLUDING, WITHOUT LIMITATION, PERSONAL INJURY AND EVEN DEATH, that may be sustained by me as a result of MY participation in this course.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE LVI Global, LLC (“LVI”) and its officers, managers, instructors, employees, and agents (hereinafter referred to, collectively, as the “Releases”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me while participating in this course upon the premises of LVI.

It is my expressed intent that this waiver and release (i) shall be fully binding upon the members of my family, including, without limitation, my spouse or former spouse, while I am living, and upon my heirs, legal representatives, successors and assigns following my death, and (ii) shall be deemed a RELEASE, WAIVER, and DISCHARGE of, and COVENANT NOT TO SUE, any one or more of the Releases. I hereby further agree that this waiver and release shall be governed by, and interpreted and determined in accordance with, the laws of the State of Nevada, even though I may be a resident of another state or other jurisdiction.

In signing this waiver and release, I acknowledge, covenant, and represent that I have read this waiver and release in its entirety, that I understand it completely and sign it voluntarily as my free act and deed, that I am 18 years of age or older and of sound mind, that I have given up substantial rights by signing, that no written or oral representations, statements, or assurances of any nature have been made to induce my execution of this waiver and release, and I execute this waiver and release for full, adequate, and complete consideration, fully intending to be bound hereby.

Just as there are risks and hazards in continuing in your present condition without treatment, there are **Risks of any injection** include infection, swelling, discoloration, headache, nausea, vomiting and pain at the injection site. There is a risk of injury to nerves or muscles at the injection site as well as temporary or permanent nerve paralysis. There are very rare complications that have been reported with these procedures. These include an allergic reaction to the medications. If the injection is near the lung, there is a chance of a pneumothorax (air on the outside of a lung). There is a risk of spinal cord injury during back injections. There is a possibility of death from complications of treatment.

Initials: _____

FOR ALL FEMALE PATIENTS: Because anesthetics, medications and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion, every female must inform us if she could be or is pregnant. Anesthetics, medications and drugs absorbed in the mother’s milk may temporarily affect the behavior of the nursing baby. In either case, the anesthesia and treatment may be postponed.

Trigger Point Injection Liability Waiver

**Injections
Release**

**Form
Page 2**

FOR ALL PATIENTS:

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 physiologic saline, local anesthetics, medications and/or anti-inflammatory medications for anesthetic blocks, prolotherapy and/or trigger point injections (the “Injections”).**
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 Injections to be administered to me, as a patient of a LVI course being conducted by Visiting Faculty 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 Visiting Faculty solely as an accommodation to them in teaching the Shots Course, (ii) Visiting Faculty are not employee(s) or agent of LVI, (iii) LVI has neither recommended nor endorsed their qualifications, skills, knowledge, or performance, and (iv) LVI does not represent, warrant, or guarantee the safety or efficacy of, or otherwise stand behind, the Injections.
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

Central Autonomic Reset Procedure Consent Form

It well known that a few small structures (ganglia and associated nerves) located near the middle of the head are primarily responsible for regulation of vascular tone (dilation or constriction of blood vessels). It is also known that irritability in these structures is one of the primary causes of the worst types of recurrent headaches (migraine, cluster, etc.). Until now, techniques designed to treat these headaches by temporarily turning off or resetting these structures have been less than effective, traumatic, or even dangerous.

Now, with the use of the SphenoCath® device, a local anesthetic can be safely and easily delivered to the area in the back of the nasal cavity near where these structures reside, without penetrating the skin or membranes of the nose. The delivery of anesthetic to the correct location allows for evaluation of the source of headache pain, and often the elimination or significant decrease of the pain. This procedure works remarkably well in the large majority of cases, but there is no guarantee of relief, and in some rare cases the pain is made worse temporarily, even when the procedure is done perfectly. The degree and duration of pain relief varies from person to person, but typically the relief lasts for weeks to months.

The risks, although rare (generally 1% to 3% of patients), include mild nosebleed, allergic reaction, brief light headedness, nausea/vomiting, and temporary worsening of the headache.

Your physician believes that the potential benefits far outweigh the risks for this procedure.

Attestation: I have read, or had read to me, the above information, and understand the risks associated with this procedure, including the potential for adverse effects that have never before occurred.

I, _____ authorize a participant in this LVI course to perform a SphenoCath® device mediated bilateral central autonomic reset procedure, for the purpose of temporarily anesthetizing the sphenopalatine ganglia, the pterygopalatine ganglia, and the V2 branch of the Trigeminal nerve.

Participant's Printed Name

Date

Participant's Signature



PARTICIPANT INFORMED CONSENT

As a participant in **PAT 2**, 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 **not** 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

Signature

Doctors Name (if team)

Date Signed