

COURSE PREPARATION MATERIALS



Practical Advanced TMD Practice

LVI Global
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Required Materials

- Bring scans, pictures, notes of cases that you would like to go over in the course with your PAT Faculty. Any questions on what to bring for best outcome: email Joe D jdewees@lviglobal.com
- As a part of this advanced TMD course, you will be review, and verify with EMGs the AAG/TAG. Thus, if you want to participate whether its your 1st time in this course or your 4th, **ALL ATTENDING DOCTORS should bring with them an "AAG" of your OWN MOUTH so that we can use to take a TAG BITE @ LVI and measure in the clinic.** If you do this bringing models will not be necessary. We will NOT be able to take impressions during this course on campus.
- Course manuals are in digital format only. Please make sure to bring a laptop or tablet to access the manual during the course. If you would like a printed manual, the cost is \$150 + tax or shipping. Attached is an order form then email this back to : programs@lviglobal.com
- As a part of PAT, you will be participating in cervical stretching techniques that optimize better posture for physiologic bites as well as 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.
 - programs@lviglobal.com

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 & TRANSPORTATION AS SOON AS POSSIBLE.

Harry Reid International is the main Airport in Las Vegas you will fly into.



Course Preparation Materials

ONLINE ATTENDEES please have with you:

You will need to make an AAG of a family member or team member that you can then do the hand on portion in your office. You will be running EMG's on the BioPak and we will want you to send the scans taken to scans@lviglobal.com after you have completed the hands-on portion.

Below is a helpful Checklist for proper AAG fabrication

- Measure the Width of the Maxillary Central and calculate the GV (Golden Vertical)
- Mount models with visible frenum's into CO on an Aphrodite Articulator
- Manipulate the models and ensure that you are aligning wear facets, upper and lower frenum attachments, and putting the patient in a good AP position.
- Using the screw in the back open the bite until you are at the golden vertical.
 - Remember you may need to open past the GV if space is needed for the orthotic
 - 2mm is needed for a removable daytime and 3mm for nighttime orthotic
- Review your AP position, as you open the vertical on the articulator it can retrude the desired AAG position and you may need to push the maxilla portion of the articulator back to give you the desired result.
- Use Kettenbach Clear Bite Registration material and create a window of material the covers a few millimeters above the gingiva as well as the entire tooth. Starting from the middle of the central, the entire lateral and extend to the middle of the cusp.
- Then turn the articulator around and fill in the lingual portion of the AAG.
- Once the material is set draw an arrow pointing to the gingival portion of the maxillary lateral tooth.





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 at the completion of the course. 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:

- Develop a successful TMD practice.
- Joint Decompression and recapturing discs
- Treat for acute TMJ pain.



Informed Consent and Release

PAT

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
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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

On Campus **ONLY** Course Manual Order Form

Course Name/Date: _____

of Manuals _____

\$150= _____

Sales Tax (8.375%): _____

Total: _____

Billing Address

Name: _____

Address: _____ Suite #: _____

City: _____ State: _____ Country _____ Zip: _____

Phone: _____ Email: _____

Please charge fee to the credit card below.

Please circle one: Visa Mastercard Discover AMEX

CC# _____ Exp: _____ 3 or 4 Digit Code: _____

(Located on your credit card)

Signature: _____

Date: _____

Please return to Programs
programs@lviglobal.com
Phone: 702-341-7978
Fax: 702-583-6157