



Myobrace Therapy

Patient Evaluation & Case Management Course

2020 Dates TBA (3 Day Course)

Pediatric Dentistry – Craniofacial Development – Patient Evaluation

Dentists have been trained to diagnose crooked teeth and imbalance of the jaws. Before you can treat these conditions, you have to be able to identify the problem.

Evaluation is the starting point in the journey to master treatment!

Day 2 of the course will focus on the MRC 10 point evaluation:

- ✓ How to train Doctors and Educators to use the MRC evaluation App
- ✓ How to train Doctors and Myobrace Educators to evaluate patients
- ✓ How to train Doctors and Myobrace Educators to work together

Day 3 of the course we will focus on case management:

- ✓ How to train Myobrace Educators to run successful Myobrace sessions
- ✓ How to train Doctors to assess patients at a monthly Myobrace session
- ✓ How to review patient progress and manage your cases each month

Quote from Pediatric Myobrace/ MYOSA Protocols:

Prior to commencement of any Myobrace/MYOSA treatment, you must demonstrate competence in your ability to screen patients for any Myofunctional or airway issues in your practice. To do this you need a facility to deliver the programme and a system to deliver the programme. This programme will be of special benefit for those practices that are MRC Certified.



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Course Outline & Agenda

Day 1 – Myobrace Therapy Fundamentals

Acquire an understanding of the influence of the soft tissues and breathing on craniofacial development and the occlusion. Day 1 will provide the fundamentals to prepare you for Day 2 & Day 3 which involve hands-on practical training sessions with real patients.

Day 2 – Patient Evaluation

Day 2 will focus on how to use the MRC 10 Point Evaluation App and how to train the Doctor and Educator to use it.

9:00am – 10:30am:

How to use the MRC 10 Point Evaluation App - the Doctors and Educators part.

10:30am – 11:00am: Morning Tea

11:00am – 12:30pm:

How to train the Doctor & Myobrace Educator to use the MRC 10 Point Evaluation App.

12:30pm – 1:30pm: Lunch

1:30pm – 2:30pm:

Demonstrations of evaluating patients.

2:30pm – 3:00pm: Afternoon Tea

3:00pm – 5:00pm:

Practical training – Doctors and Educators see patients and conduct the MRC 10 Point Evaluation.

Day 3 - Case Management

Day 3 will focus on the case management of patients in active Myobrace Therapy treatment and how to train Doctors and Educators to do Myobrace sessions.

9:00am – 10:30am:

Working together to run Myobrace sessions – the Doctors and Educators part.

10:30am – 11:00am: Morning Tea

11:00am – 12:30pm:

How to train the Doctor & Myobrace Educator to run Myobrace sessions.

12:30pm – 1:30pm: Lunch

1:30pm – 2:30pm:

Demonstrations of Myobrace sessions.

2:30pm – 3:00pm: Afternoon Tea

3:00pm – 5:00pm

Practical training – Doctors and Educators see patients and conduct the Myobrace sessions.



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Course Registration Form

2020 Dates TBA (3 Day Course)

PRACTICE DETAILS

PRACTICE NAME			
ADDRESS			
MAIN CONTACT			
PHONE		MOBILE	
EMAIL			

ATTENDEE SUMMARY & FEES

	DENTIST \$3,000	STAFF \$800
1. DENTIST (\$4,000)	N/A	N/A
2. ATTENDEE	<input type="checkbox"/>	<input type="checkbox"/>
3. ATTENDEE	<input type="checkbox"/>	<input type="checkbox"/>
4. ATTENDEE	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT DETAILS

METHOD	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
CARD NUMBER	<input type="text"/>	EXPIRY	<input type="text"/> / <input type="text"/>
NAME ON CARD	<input type="text"/>	CVV	<input type="text"/>
SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
PAYMENT	Course fees will be processed on receipt of registration form.		



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Patient Evaluation & Case Management

Course Registration Form – Attendees

ATTENDEE 1 DETAILS					DENTIST 1 \$4,000	
TITLE	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	
FULL NAME						
ADDRESS						
MOBILE			EMAIL			
POSITION HELD						
DIETARY	<input type="checkbox"/> Full cream milk	<input type="checkbox"/> Trim milk	<input type="checkbox"/> Almond milk	<input type="checkbox"/> Soy milk		
REQUIREMENTS	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Halal	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian		
FOOD ALLERGIES	<input type="checkbox"/> Seafood	<input type="checkbox"/> Nuts	<input type="checkbox"/> Egg	<input type="checkbox"/> Dairy		
OTHER/ SPECIFY						

ATTENDEE 2 DETAILS					<input type="checkbox"/> STAFF \$800		<input type="checkbox"/> DENTIST \$3,000	
TITLE	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss			
FULL NAME								
ADDRESS								
MOBILE			EMAIL					
POSITION HELD								
DIETARY	<input type="checkbox"/> Full cream milk	<input type="checkbox"/> Trim milk	<input type="checkbox"/> Almond milk	<input type="checkbox"/> Soy milk				
REQUIREMENTS	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Halal	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian				
FOOD ALLERGIES	<input type="checkbox"/> Seafood	<input type="checkbox"/> Nuts	<input type="checkbox"/> Egg	<input type="checkbox"/> Dairy				
OTHER/ SPECIFY								



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Course Registration Form – Attendees

ATTENDEE 3 DETAILS		<input type="checkbox"/> STAFF \$800		<input type="checkbox"/> DENTIST \$3,000	
TITLE	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
FULL NAME					
ADDRESS					
MOBILE			EMAIL		
POSITION HELD					
DIETARY	<input type="checkbox"/> Full cream milk	<input type="checkbox"/> Trim milk	<input type="checkbox"/> Almond milk	<input type="checkbox"/> Soy milk	
REQUIREMENTS	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Halal	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian	
FOOD ALLERGIES	<input type="checkbox"/> Seafood	<input type="checkbox"/> Nuts	<input type="checkbox"/> Egg	<input type="checkbox"/> Dairy	
OTHER/ SPECIFY					

ATTENDEE 4 DETAILS		<input type="checkbox"/> STAFF \$800		<input type="checkbox"/> DENTIST \$3,000	
TITLE	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
FULL NAME					
ADDRESS					
MOBILE			EMAIL		
POSITION HELD					
DIETARY	<input type="checkbox"/> Full cream milk	<input type="checkbox"/> Trim milk	<input type="checkbox"/> Almond milk	<input type="checkbox"/> Soy milk	
REQUIREMENTS	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Halal	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian	
FOOD ALLERGIES	<input type="checkbox"/> Seafood	<input type="checkbox"/> Nuts	<input type="checkbox"/> Egg	<input type="checkbox"/> Dairy	
OTHER/ SPECIFY					