KAREN SAMUEL, RDH, COM....Karen has been in clinical dental hygiene practice for over thirty years and has been a clinical instructor in dental hygiene at Amarillo College. She received her training in orofacial myology from the Coulson Institute for Orofacial Myology in Denver, CO, and the Academy of Orofacial Myofunctional Therapy in Los Angeles, CA. Karen has completed both clinical and academic Buteyko breathing training from Patrick McKoewn Clinic-Ireland and is certified by the Buteyko Clinic Worldwide as a Buteyko breathing educator. She is an active member of the Board of Directors of the International Association Orofacial Myology, currently serving as President-Elect for 2011-2012 and will become President for 2013-2015. Karen is also a member of the Buteyko Breathing Educators of America. In addition she is a member of the American Dental Hygienists' Association, the Texas Dental Hygienists' Association, and the Greater Fort Worth Dental Hygienists' Society and is a past president of the Panhandle District Dental Hygienists' Society. Currently, she is the founder of the North Texas Orofacial Myology Center and is an IAMO, AGD, and ADHA approved comprehensive course provider. She is also the founder of the North Texas Better Breathing Center in Keller, Texas. Karen Samuel is a down-to-earth, easy-to-learn-from speaker who makes learning fun. Come and enjoy!

"Orofacial Myology: Muscle Function and Dentition at War" -3CEUs - This course will be an overview of the scope of practice of orofacial myology and current concepts in assessment and treatment of myofunctional disorders. A brief history of the profession will be presented along with an introduction to possible etiologies of the orofacial disorders. The dental hygienist is in a unique position to incorporate assessment of orofacial myofunctional disorders into the soft tissue and clinical examination. What attendees will learn:

* How to recognize orofacial disorders,

* Simple tools to incorporate assessment of dysfunction into a soft tissue examination,

* How and when to refer for treatment,

* Importance of early detection and treatment

* Possible consequences of untreated orofacial myofunctional disorders,

* Educational requirements to add orofacial myology to your toolbox as an alternative or adjunctive career path.
"It's All About Airway: Mouth Breathing, an Epidemic?" 3CEUs - This course will be an overview of airway disorders and their effect on proper growth and development. Anthropologists studies indicate changes in the modern facial structure with a collapse of the maxilla and a narrowing of the posterior nasal openings. To be discussed will be the effect of both nutrition and mouth breathing as possible etiologies. This course will also address the hygienist's task in early detection and referral for these disorders along with the orofacial myologist’s role in the multidisiplinary treatment. The possible need for an ENT as part of the team will also be discussed.

SCHEDULE: Friday, March 23, 2012

8:00 - 8:30 - Check-In and On-site registration
8:30 - 11:30-Oral Facial Myology
11:30-1:00 -Lunch on your own
1:00 -4:00 - It's All About Airway

LOCATION: JOHNNY AROLFO CIVIC CENTER
400 West Walker
League City, TX 77573

CONTINUING EDUCATION CREDITS: 6 CEUs (3 CEUs for AM & 3 CEUs for PM) These courses have been approved by the Bay Area Dental Hygienists' Society a State Board of Dental Examiners approved provider of continuing education for DENTISTS, DENTAL HYGIENISTS, AND DENTAL ASSISTANTS.

CONFIRMATION/REFUND: Confirmations will be sent if an email address is provided on the registration form. Refunds: Written requests for refunds must be received 7 days before course presentation and will carry a $25 administrative fee.

QUESTIONS? CONTACT:
Lois Palermo - 281-332-5640 for registration information OR Jan Smith - 210 - 696-6737 for general information OR www.omegaseminars.com

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Name: ___________________________________ Address: ________________________________
City, St. Zip: _____________________________ EMail Address: ______________________________
Phone #s: (H)________________________ (W)________________________ (Cell)________________

FEES:

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