

“Integrative Approaches to Pain”

with Tieraona Low Dog, MD

August 21-22, 2020

I am very excited for the Integrative Approaches to Pain class being held this August.

More than 100 million Americans suffer from chronic pain: more than those with heart disease, cancer, and diabetes combined. While opioids are powerful allies in the management of acute severe pain, the risks far outweigh the benefits long-term.

There is a rich history and a growing body of modern science that demonstrate the efficacy and safety for many herbal therapies in addressing the many dimensions of pain. Anti-inflammatories that dial back inflammatory mediators; anti-spasmodics that relax smooth and skeletal muscles; adaptogens that help regulate the brain-adrenal-immune axis; sedatives that promote restorative sleep, bitters and digestive alternatives that enhance digestion and reduce intestinal permeability, topicals that directly relieve pain, and so much more.

This course is offered to Clinicians who want to deepen their expertise in crafting integrative treatment plans for the management of pain, with a special emphasis on addressing complex and chronic pain.



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Friday

9:00- 9:30	Welcome and Introductions
9:30-10:30	Understanding the Many Faces of Pain
10:30-10:45	Morning Break (tea, coffee, snacks)
10:45-12:15	In-depth <i>Materia Medica</i> for Pain Part I
12:15-1:00	Lunch in the Garden
1:00-3:00	In-depth <i>Materia Medica</i> for Pain Part II
3:00-3:45	Afternoon Break and Hike
3:45-5:45	Practicum: The Art of Formulating for Chronic Pain
6:00-7:30	Happy Hour at the Main Cabin

Saturday

9:00-10:30	Cannabis: A Deep Dive
10:30-11:00	Herb Harvest
11:00-12:30	Practicum: Hands-on Learning with Topicals
12:30-1:30	Lunch in the Garden
1:30-3:30	Practicum: Case Study I
3:30-3:45	Afternoon Break
3:45-5:30	Practicum: Case Study II
5:30-5:45	Class Photo

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT (“Integrative Approaches to Pain” with Tieraona Low Dog, MD on August 21-22, 2020 in Pecos, NM). I certify that there are no health-related reasons or problems which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

1. In consideration of allowing me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:
 - (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Tieraona Low Dog, MD and her directors, officers, employees, volunteers, representatives, and agents.
 - (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

2. I acknowledge that Tieraona Low Dog, MD and her directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

3. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

4. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I AM OVER THE AGE OF 18, AND I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name