## NEWSLETTER

VOL. 18, NO. 2

# Two Receive Distinguished Member



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Awards

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#### MEETING DATES

#### ADA ANNUAL MEETING

October 19-23, 2002 October 25-28, 2003 New Orleans, LA San Francisco, CA

#### IASD 2003 SYMPOSIUM

June 19-21, 2003

Caribe Hilton San Juan, Puerto Rico

The International Academy for Sports Dentistry, its officers and Board, are not responsible for the opinions, views or statements made in any essay, discussion or in the proceedings which are presented in *The International Academy for Sports Dentistry Newsletter*.

The International Academy for Sports Dentistry Newsletter is published tri-annually for its members. Comments and suggestions regarding the newsletter should be directed to Dr. Mark Roettger, Editor.

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## Going Forward to Reach Out

Enrique Amy, DMD, MDS

As we continue into this millennium with hope and great expectations of becoming

a better world, our work and contributions in all aspects of our professional life have to improve constantly. With the efforts of many friends and colleagues (David, Mark, King, Leslie, Jack) and especially our last three presidents, Drs. Emilio Canal, Dennis Ranalli and Stephen Mills, the Academy has grown significantly, being represented by profession-

als of more than 20 countries. Our affiliations with the International Federation of Medicine. the International Sports Association of Dental Traumatology, and the collaboration with the American College of Sports Medicine, definitively puts our organization in the premier list of sports health organizations in the world. We should not forget our close relationship with N.A.T.A. and the future collaborative agreement with the Pan-American Confederation of Sports Medicine as well as our commitment with the Special Olympics.

As you are well aware the Academy has approved a strategic plan from 2001-2006 with the guidance and contribution of Dr. Peter Fos, one of our board members. The major objective of this plan is to help and guide us to accomplish what we feel is important for our Academy and our profession. One of the main objectives of this plan is to achieve and maintain global excellence in the field of health, especially sports dentistry. Sports health is the optimal state of physical and mental health achieved through the practice of activity, exercise and/or sport. The health professional team dedicated to sports is characterized by its interdisciplinary nature, dedicated in providing clinical services, teaching and research based on the biopsychosocial model of medicine. By doing this, it recognizes that

> what is important is not performance or competitive level, but the contribution of the movement or our effort to the health of every individual.

The oral health professional is one of the members of the sports medicine team. The dentist, together with the other professionals in this field (hygienists, assis-

tants, and technicians), emphasizes oral health as an element of the general health in all sports and, because of its particular relevance, in contact sports. Giving attention to this health component is extremely valuable if the structural importance and the functional relevance of the oro-facial region in the various systems and vital functions of the human body are to be considered.

Athletes and the general public interested in exercise and practicing sports should receive oral health services directed towards the prevention of illness, early diagnosis and treatment and the rehabilitation of dental conditions.

Besides, the sport dentist is an important part of the health professional teams that accompany the athletes in local, regional, national or international competitions. Our daily work is an important instrument to educate athletes, coaches, sport leaders and of course other health professionals. We should move forward and reach out to avoid stagnation. With your help and collaboration our organization will become even stronger and vigorous with the years to come. I invite you to join the effort of the board of directors and continue to be an active part of the sports dentistry movement.



#### Minnesota Mouthguard Mandate: A Ten-Year Retrospective

Mark Roettger, DDS

Ten Years ago the Minnesota State High School League (MSHSL) decided to mandate mouth-

guard use in contact sports. This meant that mouthguards were mandatory equipment in the sports of soccer, volleyball, basketball, wrestling, softball and baseball. It is time to review the history and some of the arguments made against the mouthguard rule, some of which had a bearing on the rule being rescinded less than a year from enactment.

The Medical Advisory Committee of the MSHSL initially proposed the rule change to the board of directors in the fall of 1992. The committee reviewed sports injury statistics and concluded that contact sports provided a significant risk to the oral health of athletes. It was also noted that when mouthguard use was only recommended, compliance was a mere one to six percent. The Board of Directors of the MSHSL agreed and the rule was adopted.

This began a firestorm of debate regarding the mouthguard rule. Many coaches were vocal and unscientific in their arguments using anecdotes and recollection as their science. "I have coached for twenty years and have never seen a dental injury" became the battle cry of a large number of coaches. Some went even a bit further in their criticism. Tom Cody, a girls basketball coach at Cretin Derham Hall High School, gave his opinion of the rule to the St. Paul Pioneer Press. "It's insane. If they're going to make kids wear them in basketball and baseball, then why not in debate? You never know when those debaters might be fumbling around with their notes, lean forward and chip a tooth on a microphone." Some coaches disagreed with Mr. Cody and quietly supported the rule.

Physicians were mostly silent in the debate, however a few decided to enlighten us with

their wisdom. Scott Jensen M.D. wrote in a letter to a MSHSL official, "... perhaps the best way to prevent any type of dental injury would be to have teenagers put on mouthguards in the morning when they wake up, don't feed them during the day, and have them remove them before sleep at night." Dr. Jensen also comment-

ed on the safety of mouthguard use. "First, elective placement of a mouthguard (which can be relatively small) in the mouth can serve as a real potential foreign body to be aspirated. Competitive athletics by its very nature, frequently involves gasping for breath, sudden and sharp intakes of air. Direct blow to the mid abdominal region can clearly provide this kind of impetus and aspiration may well occur. A liability is certainly present in this regard." A literature review revealed no evidence of athletes being harmed by mouthguard aspiration, making this argument nothing more than unscientific opinion.

Parents as a group were mostly supportive of the mouthguard rule. A few parents had a slightly different opinion. Kathy McIntosh, a parent of a Minnesota athlete, shared her view of the issue in a letter to the Governor of Minnesota. "My attendance at a recent boys basketball game is what prompted me to bring this matter to your attention. I was very aware of how mouthguards change the physical appearances at such games and make for unattractive media photos." Kathy went on to urge the Governor to take action regarding the mouthguard issue. "I would very much like this issue to be investigated. Specifically of

continued next page

interest is whether any board member, staff member, or any other person involved in the decision making process is receiving any financial benefit from this requirement."

It was not until the state legislature became involved, that the rule was truly in jeopardy. A small but very vocal group of state legislators may have delivered the deathblow to the mouthguard rule. These legislators took advantage of the mouthguard controversy to exert pressure on the MSHSL. Examining the motive for the involvement of these elected officials revealed that in some cases either the legislator or a staff member had some prior conflict with the league. This small, wellentrenched group of legislators took the position that the MSHSL inflicted the "force of law" on its constituents (athletes) and that if the league could make laws then they should be controlled by the legislature. Control by the state legislature would likely damage high school athletics beyond repair and the league was left with no choice but to sacrifice the mouthguard rule.

On a more positive note, athletic trainers were consistently supportive and sensible in their approach to the rule change. They were ready to do what was necessary to provide for the safety and care of the athletes that they serve.

In retrospect, many lessons were learned from the Minnesota mouthguard mandate. First, mandate is a dangerous concept that can bring out the worst in otherwise decent people. One MSHSL director actually had his life threatened by an anti-mouthguard zealot. People do not like to be told what to do even if it may be in their best interest. Identifying a risk and providing a plan to minimize this risk is not proper motivation in many people's eyes. Next, it was learned that the Minnesota mandate was likely too wide in its scope and focusing on one or two sports may have been more prudent. Finally it was apparent that providing both the dental and athletic communities with more lead time would have made the transition from recommendation to mandate less rocky. In addition it was revealed that many Minnesota dentists had little knowledge of sports dentistry and mouthguard fabrication. In the last five years

all University of Minnesota dental students have required sports dentistry lecture and mouthguard fabrication experience. Other dental schools should follow this lead and add sports dentistry to the curriculum. Supporting mouthguard use in theory and not delivering clinically is an embarrassment to our profession.

The National Federation of State High School Associations is currently considering a national mouthguard mandate in the sports of basketball and lacrosse. Advice to the NFHS from the veterans of the mouthguard mandate wars would be: Educate before you mandate. Hold on to your hats. And finally, you have our support because this is the right thing to do!

#### **News and Notes:**

- The IASD was represented by Dr. King Scott at the American College of Sports Medicine's most recent team physician course in New Orleans.
- Leslie Rye will be representing IASD at a NATA sponsored working group to develop a health handbook for secondary school supervisors. This will be a very positive collaboration effort with a good number of organizations.
- Mel Choy, DDS presented "Sports Dentistry in the Dental Practice" at the Academy of General Dentistry's Annual Meeting in Hawaii in July.

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## TWO RECEIVE DISTINGUISHED MEMBER AWARDS



Dr. Robert Morrow

Drs. William Godwin and Robert Morrow, founders and past presidents of IASD, were recognized with the Distinguished Member Award at the annual symposium. The honor is bestowed in appreciation of lifetime dedication to sports dentistry and for significant service to mankind.

Dr. William C. Godwin was born in Welland, Ontario, Canada but moved to Detroit, Michigan at an early age. He received his undergraduate training at Wayne State University of Detroit, Michigan and the



Dr. William Godwin

University of Michigan. He received his Dental Degree at the University of Michigan in 1951 and his Postgraduate Degree in Prosthetics from the University of Michigan in 1951. Prior to this, he was a combat pilot in the Army Air Force from 1943 to 1946, serving in the China-Burma-India Theater and the Southwest Pacific Theater of War.

In 1951, Dr. Godwin established a private part-time practice in Ann Arbor and also became an Assistant Professor at the University of Michigan School of Dentistry; in 1956, he was appointed an Associate Professor and, in 1964, he was made a full Professor. In 1982, he was named as Director of Sport Dentistry, University of Michigan School of Dentistry.

He has lectured and written widely on many dental subjects. In 1986, he lectured on prosthetics in four of the main dental schools in the Republic of China. In 1988, he returned to the Republic of China and lectured on mouthguards and Sports Dentistry. He has contributed numerous articles in journals and books around the world.

Dr. Godwin started working in the field of Sports Dentistry in 1951. In 1955 he published his first paper in the *Journal of the Michigan Dental Association*, entitled "Tooth Protection for Contact Sports." This article describes the first successful mouthguard used at the University of Michigan. In conjunction with the Michigan Trainer, James Hunt, they constructed mouthguards for the U of M hockey team. In 1962, Dr. Godwin published the first articles detailing the vacuum process of making the custom mouthguard. He has also published many articles on the physical properties of mouthguard materials and of the care of mouthguards.

In 1982, Dr. Godwin convened the First Symposium of the Relationship of Intra-Oral Protective Devices to athletic injuries and athletic performance at the University of Michigan. He co-edited the procedures

of this workshop. In 1983, the Symposium was reconvened in San Antonio, Texas. The Academy for Sports Dentistry was founded at this meeting.

Dr. Godwin and his wife, Lois, have bee married since 1944 and have four sons.

Along with Dr. Godwin, Dr. Robert Morrow, was an early contributor to the IASD. Dr. Morrow received his dental degree from the University of Missouri at Kansas City School of Dentistry and did a residency in prothodontics at Wilford Hall USAF Medical Center, where he later served at the chairman, Department of Prosthodontics. Currently, he's professor emeritus, Department of Prosthodontics at the University of Texas Health Science Center at San Antonio.

For many years, Dr. Morrow lectured both nationally and internationally, mostly in the field of prosthodontics. He's written numerous books and/or chapters and has had nearly three dozen papers published. He holds a United States patent for oral lubricant for athletic mouth protectors and also participated in the development of a videotape called "Protectors of Future Smiles" and two videotapes on custom mouthguard construction. Dr. Morrow also completed two surveys of dental injuries in college and university athletes.

Currently, Dr. Morrow serves as a consultant in prosthodontics to the American Dental Association; as a consultant and member of the performance team, Department of Women's Intercollegiate Athletics, and consultant to the director of athletic medicine, both at the University of Texas at Austin.

#### **ABSTRACTS**

#### Oral piercing in athletes: Implication for general dentists

Suzann P. McGeary, RDH, DDS; Deborah Studen-Pavlovich, DMD; Dennis N. Ranalli, DDS, MDS

General Dentistry, Vol. 50, No. 2: 168.

General dentists need to be aware of the growing number of athletes who display various forms of body art. Intraoral piercing and tongue jewelry place athletes at great risk for serious medical and dental consequences that are confounded when the athlete attempts to compete while wearing a mouthguard with the tongue jewelry in place. All body jewelry should be removed during sporting events. General dentists have a professional responsibility to: become more aware of the extent and implications associated with tongue piercing in athletes to discourage athletes from having the tongue pierced; be prepared to manage postpiercing intraoral and dental complications; provide proper advice for the care and use of a mouthguard in the presence of tongue jewelry; and develop educational strategies that address the medical and dental complications of intraoral piercing.

## The Role of Enamel Matrix Proteins in the Development on Cementum and Periodontal Tissues

L. Hammarstrom

Ciba Found Symp 1997:205:246-55

The role of Hertwig's epithelial root sheath (HERS) and of the enamel-related proteins in the devlopment of acellular cementum are reviewed. The inner lay of HERS is an apical extension of the ameloblastic layer in the crown. A number of studies now indicate that the cells of HERS have a secretory stage similar to the ameloblasts. In rats and mice the secretory product of the HERS cells does not seem to be amelogenin, which is the main protein of the enamel matrix. In humans, however, amelgenin has been demonstrated at the apical ends of the roots of developing teeth. The development and distribution of coronal cementum in various species are discussed. The amelogenins have been well conserved between species. remarkably Experiments in monkeys have shown that it is possible to incude formation of acellular cementum by application of porcine enamel matrix on a denuded root surface, which thereby promotes periodontal regeneration. These results further support the idea that enamel-related proteins are invovled in cementum formation.

#### Treatment of avulsed teeth: Results of a telephone questionnaire in 16 capital cities in Germany

S. Buff; RKW Schultz; T. Schoor and B.D'Hoedt, Johannes Gutenberg-University, Mainz, Germany.

Journal of Dental Research, Volume 81, Special Issue, March 2002: A-182, Abstract #1326.

The purpose of this study was to investigate the knowledge of dental practitioners in actual therapeutic management of avulsed teeth in Germany. Methods: 16 randomly selected dental practitioners in private offices in each of the 16 capitals of all German counties were inquired by means of a telephone interview to answer a questionnaire consisting of 18 questions. Without being prepared for the procedure the dentists were asked to answer questions including the average incidence of dental trauma in their office, their preferred transport medium for avulsed teeth, their opinion on whether or not cleaning is necessary prior to replantation, their endodontic treatment regime, preferred splinting technique and duration, their opinion on the necessity of tetanus vaccination, antibiotic therapy, etc. Statistical evaluation was performed with Microsoft Excel and SPSS for Windows.

**Results:** Overall our data showed no evidence for regional knowledge differences between the dentists involved in the survey. Average incidence of dental trauma was estimated with 1-3 per year in each office. 63% of the dentists prefer to clean an avulsed tooth with NaC1 solution, 8% with H<sub>2</sub>0<sub>2</sub> or root-soaling and 8% would replant the tooth without any cleaning. Functional splinting of avulsed teeth by means of adhesive steel-wire splinting is preferred by 58%, while both rigid fixation and acrylic cap splints were stated by 11% of the dentists as their therapy of choice. The majority of participants (61%) would select a time interval of 5 to 9 weeks for splinting duration. To check for the actual status of tetanus vaccination was regarded mandatory by 69% of the inquired dentists.

**Conclusions:** Our results indicate a considerable lack of knowledge of recent evidence-based treatment strategies for avulsed teeth in dental offices throughout Germany. To enhance treatment success, continued education on dental traumatology is highly recommended.

#### New Fellows Inducted

The fourth class of fellows was presented at the annual symposium. They are:

#### DR. DAN BIDA

Dan graduated from Baylor College of Dentistry in 1975 and is a charter member of the Academy. He has been the team dentist for the University of Texas at Arlington since 1975 and every year works with the medical staff on campus doing oral exams on every athlete. He is board certified by the American Board of Oral Implantology. Dan practices in Arlington, Texas.

#### DR. BRETT DORNEY

Brett graduated in 1971 from Sydney University and completed postgraduate work in 1985 at the Royal Australian College of Dental Surgeons and practices in Pymble, Australia. He has been published in several journals; the most recent in the *Journal of Science and Medicine in Sports* with an article entitled "Dental Injury Patterns in Football." He lectures worldwide and has presented to our own Academy many times. He was deputy director of dental services for the Sydney Olympic and Paralymic Games in 2000.

#### DR. MICHAEL GREEN

Michael graduated from Loyola School of Dentistry in 1970 and is also a charter member of the Academy. He practices in Schaumburg, Illinois. He is quite knowledgeable in the arena of sports dentistry and has prepared mouthguards for many high school teams over the years. He is a former board member of the Academy and chaired the mouthguard fabrication course for the Academy in 2000.

#### DR. STEPHEN MILLS

Steve has been a member of the Academy since 1991 and is a practicing pediatric dentist in Scarborough, Maine. He graduated from the State University of New York at Buffalo School of Dentistry in 1981. He has attended almost all symposiums since that first one in 1992 and has presented at many of the IASD symposiums. He presented at the World Congress on Sports Dentistry and Dental Trauma in Boston last year. He co-authored "Mandated Mouthguard Rule for High School Soccer Players; Results of a Player Survey" which will be published this October in the Southeastern Journal of Pediatric Dentistry. He has served on the board of the Academy for many years and is our current president.

#### DR. JERRY WALKER

Jerry practices in Iowa city, Iowa and graduated in 1962 from the University of Iowa College of Dentistry. He received his certificate in pediatric dentistry in 1964, also from the University of Iowa. He joined the Academy in 1996 and presented a poster clinic at the World Congress on Sports Dentistry and Dental Traumatology in Boston in 2001. He became involved in sports dentistry in 1984 when he was asked to provide care for the University of Iowa men's and women's athletic programs. He has continued to provide care since that time. Upon his semi-retirement from dentistry, he hopes to become much more active in the International Academy for Sports Dentistry.

#### **New Members**

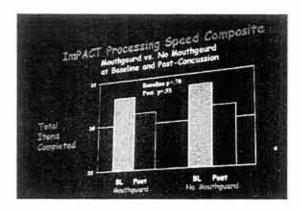
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## **Annual Sympos**

Special thanks to IASD member Dr. Michael Kurtz for submitting these photos from the annual symposium held in Sai 1



Professional colleagues and friends had a chance to meet and visit at the IASD annual symposium.



Continuing education provided the framework for the meeting.



IASD secretary Leslie Rye at the helm.

Newsletter editor Dr. Mark Roettger.





IASD board member
Dr. Douglas
Lambert presented a
program on
"Aesthetic Treatment
of the
Sports-Related
Dental Injury using
Direct Resins."

IASD Board Member Dr. Alex Della Bella.



## ium Snapshots

at a Antonio June 20-22, 2002. Additional photos are available online, also courtesy of Dr. Kurtz at www.sportsDDS.com.



Dr. Dennis Ranalli (L) shown with Distinguished Member Award winners Dr. Robert Morrow (C) and Dr. Bill Godwin (R).



New Fellows shown left to right: Drs. Jerry Walker, Mike Green, Dan Bida, Brett Dorney and Steve Mills.



Smiles abounded at the meeting.



Dr. Jennifer Abraham,

Thiensville, Wisconsin.



Dr. Richard Mariani, Sr. from South Miami, Florida.

Dr. Melvin Choy, Honolulu, Hawaii.



Dr. Regan Moore presents his poster clinic, "Enhance Athletic Perfomance with Mouth Protectors."