ACADEMY FOR SPORTS DENTISTRY

NEWSLETTER

VOL. 23, NO. 2

Dr. Jens Andreasen

presents on dental traumatology at the
ASD Annual Symposium - Charleston, South Carolina

SUMMER TWO THOUSAND AND SEVEN

Academy for Sports Dentistry
2007-2008

OFFICERS

PRESIDENT
Dr. Regan Moore
University of Louisville
School Of Dentistry
Louisville, KY 40292

PRESIDENT-ELECT
Dr. Jeffrey Hoy
2440 W. Lomita Blvd.
Ste. 340
Torrance, CA 90505

SECRETARY
(June 2006-June 2008)
Dr. Hans M. Stasiuk
Box 836
Portage la Prairie, Manitoba
Canada R1N 3C3

TREASURER
(Three year term - 2009)
Dr. Alex Della Bella
7835 Remington Road
Cincinnati, Ohio 45242

IMMEDIATE PAST PRESIDENT
Dr. Leslie Rye
1800 Michael Faraday Dr. #205
Reston, Virginia 20190

BOARD OF DIRECTORS

ONE YEAR TERM

Dr. Whitney R. Johnson
2999 Regent Street, Suite 727
Berkeley, CA 94705

Dr. Gloria J. Roberts
12611 Antioch Road
Overland, KS 66213

TWO YEAR TERM

Dr. W. Robert Howarth
190 Green Brook Rd.
North Plainfield, NJ 07407

Dr. David Kenny
Hospital for Sick Children
555 University Avenue
Toronto, ON
Canada M5G 1X8

THREE YEAR TERM

Dr. James Lovelace
115 E. First Street
Hinsdale, IL 60521

Dr. Paul Nativi
1009 Berry lane
Edwardsville, IL 62025

HISTORIAN
Dr. Jackson Winters
200 Lima Avenue
Findlay, OH 45840

2007-2008 ASD COMMITTEES

CONSTITUTION & BYLAWS
Dr. Alex M. Della Bella, Chair
Dr. Leslie Rye

MEMBERSHIP & CREDENTIALS
Dr. Robert Howarth, Chair and Board Liaison
Dr. Andrew Arriola
Dr. Gilda Banta
Dr. Jeffrey Hoy

FELLOWSHIP SUB-COMMITTEE
Dr. Richard Mariani, Chair
Dr. Enrique Amy, Board Liaison
Dr. Emilio Canal
Dr. Michael Messina

PUBLICATIONS
Dr. Mark Roettger, Chair, Newsletter
Dr. Stephen Mills
Dr. Emilio Canal, Jr., *Journal*
Dr. Melvin Choy, Website
Mr. Ryan Salazar

RESEARCH AND EDUCATION
Dr. David Kenny, Co-Chair
Dr. John Wisniewski, Co-Chair
Dr. David Kumamoto
Dr. Mark Roettger
Dr. Gilda Banta
Dr. Greg Ladd
Dr. Jerry Walker

POSITION STATEMENTS-SUB-COMMITTEE
Dr. Hans Stasiuk
Dr. Regan Moore
Dr. Leslie Rye

ANNUAL SESSION
Dr. Hans Stasiuk, General Chairman
Dr. Paul Nativi, Local Arrangements Chair
Dr. Regan Moore
Dr. Leslie Rye
Dr. Alex Della Bella
Dr. King Scott
Dr. Jack Winters
Dr. Mike Nanne
Dr. Jim Lovelace
Ms. Shelly Lott

NOMINATION COMMITTEE
Dr. Leslie Rye, Chair

AD HOC COMMITTEE—STUDENT AFFILIATE PROGRAM
Dr. Regan Moore, Chair
Dr. Stephen Mills
Dr. Mark Roettger
Dr. Hans Stasiuk
Dr. Gloria Roberts
Dr. Gilda Banta

AD HOC COMMITTEE – STRATEGIC PLAN PROGRESS ASSESSMENT
Dr. King Scott, Co-Chair
Dr. Alex Della Bella Co-Chair
Dr. Stephen Mills
Dr. Mark Roettger
Dr. Enrique Amy
Dr. Brett Dorney
Dr. Leslie Rye

AD HOC COMMITTEE – CODE OF ETHICS
Dr. Whitney Johnson, Chair
Dr. David Kumamoto

SPECIAL OLYMPICS/ SPECIAL SMILES
Dr. Gloria Roberts, Chair and Board Liaison
Dr. Robert Howarth
Dr. Rick Knowlton

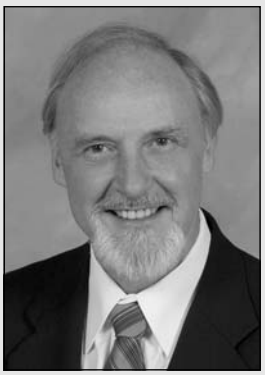
DEVELOPMENT COMMITTEE WITH INTERNATIONAL ASSOCIATION OF DENTISTRY, SPORT AND TRAUMA:
Dr. Emilio Canal, Jr., Chair

2007-2010 ASD LIAISON REPRESENTATIVES
ADA – Nicole Stoufflet
Canada – Dr. Hans Stasiuk
FIMS – Dr. Hans Stasiuk
Joint Commission – Dr. Jack Winters
AAPD – Dr. Steve Mills
IADT –Dr. Emilio Canal
NATA – Dr. King Scott
ASTM – Dr. Mark Roettger
NCAA – Dr. Jack Winters
IOC – Dr. Enrique Amy
Special Olympics – Dr. Gloria Roberts
IAPD – Dr. David Kenny

The 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.

EDITOR
Mark Roettger, DDS
1940 Greeley St. So., Ste. 105
Stillwater, MN 55082
OFF : 651.430.1710
Fax: 651.430.8074
Email: roett003@tc.umn.edu

MANAGING EDITOR
Mary Byers
315 Bristol Rd.
Chatham, IL 62629
OFF: 217.483.8836
FAX: 217.483.4161
Email: mbyers@insightbb.com
ACADEMY E-MAIL:
sportsdentistry@consolidated.net
ACADEMY WEBSITE:
www.sportsdentistry-asd.org



Greetings from your ASD President and Board

This past year has represented some milestone progress for the Academy. A well deserved thanks goes to out-going president Leslie Rye, and the hard-working Academy for Sports Dentistry board of directors. The ASD was founded in 1983 in San Antonio, Texas. One of the futuristic founding members was Dr. William Heinz, who trained me as a dental student at Ohio State University. Now my professional life has come full cycle and I realize the need to do my part in the advancement of sports dentistry. It is an honor and privilege to serve in this prestigious organization.

As a general dentist for 15 years, and then as a periodontist and educator for the past 22 years, I can appreciate the difficulty of building on our legacy in the field of sports dentistry. An already-crowded dental school curriculum, and competition with courses on topics that guarantee greater financial rewards, has resulted in minimal, if any, change in clock hours in the dental educational environment for sports dentistry over the past fifteen years. Yet there has been a steady increase in dentists seeking additional training and information on the topic. There has been also been a surge in interest from the public sector; this includes organizations of certified athletic trainers and people involved in sports medicine who are looking to us for help in sorting out conflicting information. It is our job to increase the availability of coursework both during dental school and after graduation. We can teach our colleagues the satisfaction of balancing the economic benefits of dental practice with the rewards of public service.

History has taught us that building a legacy involves three critical components. The first involves "delivery of a service," and in our case we strive to provide state-of-the-art injury prevention and injury care. Reports on the epidemiology of oro-facial injury in youth suggest that about one fifth of trauma cases are from sports accidents. This implies that much pediatric trauma occurs without the benefit of mouth guard protection. The second component is "training of the next generation of practitioners." Presently, the average dental school does not provide sufficient training for our graduates to claim anything but minimal knowledge, skill and clinical judgment, either in prevention or treatment of sports related trauma. Publications and continuing education courses are on the rise, and hopefully will keep up with the lay public expectations of what our profession is capable of providing. The third component of building a legacy is promotion of "intellectual discovery." This is often interpreted to mean scientific research, but in the tradition of Pierre Fauchard, the father of modern dentistry, it also means fostering curiosity, seeking truth and willingness to share knowledge with colleagues. Our organization is building professional credibility by asking the pertinent questions, scrutinizing the scientific information, and reporting it without bias or egoism.

Regarding treatment of oro-facial trauma, major advances have taken place over the past twenty to thirty years. Examples are bonding techniques with new materials which allow structurally durable repairs along with optimum cosmetic results; advances in endodontics which provide greater success rates and regenerative surgical techniques which allow bone regrowth in surgical sites. However, prevention of injury is still the most important goal. In my opinion, there are three main areas of research that involve the preventive concerns in sports dentistry. First is the role of the custom mouth guard in prevention

Continued on next page

and rehabilitation of sports-related brain injury. The second is research on the use of a mouth guard-type appliance, designed to produce orthopedic skeletal balancing, and which may enhance several performance parameters of athletic performance. The third area addresses the question of "what is the best mouth guard money can buy and how can these be mass produced in an economical way"? The dentist-designed athlete specific custom mouth guard is by far superior when all of the needs of the athlete are considered. But the boil-and-bite mouth guard still remains the option of choice for most athletic teams who do not have budget for the ideal. Unfortunately, boil and bite is also the choice for many teams who do have the budget, but lack the appreciation for the alternative, or who lack access to knowledgeable and prevention oriented team dentists.

Benefits of membership in the ASD include access to information and training in sports dentistry. The annual meeting provides opportunities to interact with global experts in both treatment and prevention. The *Journal of Dental Traumatology* is preeminent in publication of the latest in treatment and prevention. The ASD web-site enables sports dentists, associate professionals, and lay public to have access to current and empowering information. The trauma response cards are now available in English, Portuguese, Spanish and French; versions in Japanese, Russian, German, Dutch and Italian will soon be available. This year's annual meeting in Charleston, S.C. was highlighted by internationally celebrated Dr. Jens Andreasen. The 2008 meeting is being planned for St. Louis, Missouri, and will be held in conjunction with the National Athletic Trainers Association (NATA). This meeting promises to be a landmark event, and superb opportunity to gather with colleagues interested in the health and well being of athletes. I urge everyone to stay active in our organization and be prepared when, in the near future, there is a demand for many more well- trained and well-informed sports dentists. Thank you for the opportunity to be part of a vital and vibrant organization that has the potential to build on our past and grow into the future.

Sincerely,

Regan L. Moore, DDS, MSD

Special Olympics and ASD

by Gloria Roberts, DDS, ASD Liaison to Special Olympics

The global efforts of Special Olympics continues to grow and grow. Healthy Athletes now has over 130 events reaching around the world. The most significant milestone of the year is the official proclamation of our partnership with the Academy of General Dentistry (AGD).

AGD has entered into an agreement with Special Olympics to encourage it membership to sign on to our Provider Directory, to encourage its membership to participate in Special Olympic events and to increase the availability of continuing education programs to their membership on dental care for people with disabilities.

The AGD's commitment to improve access to care for our athletes and to strengthen and expand our program is to be commended and we cannot express enough our enthusiasm and gratitude as we embark on this new venture. Special Smiles continues to reach more and more folks around the world as more and more dentists are getting involved in community service.

In November our team locally conducted Special Smiles screening at the local Special Olympics event. Over 200 athletes received dental screenings along with oral hygiene instructions and follow-up assignments for treatment with area dentists. As more dentists are starting to receive patients into their private practices the health and quality of life for the athletes is greatly improved.

Many of the states will be adding other venues with this summer's events. In Kansas, our team will be screening 4,000 athletes at the State track and field events, along with Opening Eyes conducting vision screening and providing eye care education as well.

As ASD's liaison to Special Olympics I want to encourage all of our members who also are members of AGD to get involved with Special Smiles events in their state. It is a wonderful way to touch the lives of your community as well as gain CEUs along the way. The World Games will be in Shanghi, China. What an opportunity for us to affect our world!

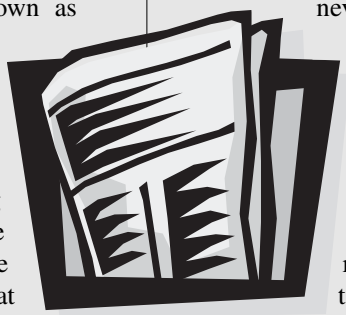
Please email me at groberts@gracedental.com if you would like to learn more about how you can get involved at your home state.

EDITORIAL

Mouthguard Plague

By Mark Roettger, DDS

Anyone who has been involved in sports dentistry for any amount of time knows that those pesky little single cell organisms loosely known as "germs" are conspiring against our efforts to increase mouthguard usage in athletics. The most recent example is the Massachusetts Interscholastic Athletic Association (MIAA) voting to rescind an existing rule requiring mouthguard use in basketball by a vote of 7-6. Communication from the Massachusetts Dental Society stated that a main issue coaches and parents are having with the mandate is, the "germ factor." Many feel that mouthguards are unsanitary because players are taking them out of their mouths during the game or they are falling on the floor and players are putting them back in their mouths without properly washing them. This obviously is exposing these poor children to the dreaded mouthguard plague.



You would think that these simple prokaryotes and viruses would be incapable of such devious behavior, but every time an athletic or dental body mandates mouthguard wear, these "germs" seem to mutate so significantly that it is virtually impossible for any child to safely wear a mouthguard without a significant risk of developing the mouthguard plague, according to coaches and parents. It happened in Minnesota and now it has happened again in Massachusetts just as it does wherever mouthguard mandates are being considered. These mysterious mouthguard germs are obviously consciously conspiring against mouthguard usage by selectively infecting the mouthguards and nothing else. Basketball players can rub the bottom of their shoes and then without properly washing, lick their hands, and they don't get sick, but if a mouthguard falls out of a player's mouth to the floor and he or she puts it back in the mouth without properly cleansing it… that's right, sickness, the dreaded mouthguard plague.

Just what is this mouthguard plague? It is well known to many coaches and parents and yet I have never been able to find it described in any medical journals or textbooks. It is obvious by their reaction, that parents and coaches feel that the mouthguard plague is a very serious disease. Consider the skin infection common in wrestlers; Herpes gladiatorum, a Herpes simplex skin infection suffered by a considerable number of athletes that elicits much less negative reaction than the mouthguard plague. Wrestling coaches tell us that Herpes gladiatorum is a part of the sport, but when mouthguards were mandated in Minnesota, wrestling coaches joined in the chorus decrying the Minnesota State High School League for endangering their poor wrestlers by making them wear those "germy" mouthguards. Parents and coaches seem much more comfortable with kids getting a lifelong viral infection, with potential serious sequelae, than they are with the mysterious and mythical mouthguard disease.

So all you sports dentists out there, join me in the hunt for these mysterious "germs" that defy science and can selectively infect only mouthguards, to cause a serious disease that can't be found in any medical textbook. A plague so feared, that parents and coaches alike would rather risk tooth fractures, avulsions and disfiguring permanent injuries than to risk exposure to mouthguard "germs." Maybe some day there could be a Nobel prize given if we solve this mystery, or, maybe some day we can all just be honest about this issue and coaches and parents will just admit that they don't care if the athlete's teeth, mouth and jaws get injured… that is until it actually happens to their own child.

A New Mouthguard Rule for High School Wrestling

By Stephen Mills, DDS, Incoming Editor

The National Federation of High School Associations (NFHSA) is going to place the following ruling on mouth protection into the NFHS Wrestling Rule Book for the 2007-2008 season which will require athletes to wear mouthguards if they are undergoing fixed appliance therapy. The exact wording is:

> "Each contestant who has braces or has a special orthodontic device on their teeth, shall be required to wear an tooth and mouth protector. A tooth and mouth protector (intraoral) which shall include an occlusal (protecting and separating the biting surfaces) and a labial (protecting the teeth and supporting structures) portion and covers the teeth and all areas of the braces or special orthodontic device with adequate thickness. This would include upper and lower teeth if devices are present on both. It is recommended the protector be properly fitted and:
>
> 1. Constructed from a model made from and impression of the individual's teeth and braces or special orthodontic device.
> 2. Constructed and fitted to the individual by impressing the teeth and braces or special orthodontic device into the tooth and mouth protector itself."
>
> **"Rationale:** The NFHS Sports Medicine Advisory Committee feels that it would be in the best interest from a safety perspective that if a wrestler does have braces, or wears a special orthodontic device on their teeth, they should be covered to protect their opponent from injury when coming in contact with the mouth and teeth. Coaches have expressed concern about frequent stoppage of matches because of blood time-out secondary to brace inflicted wounds."

Interestingly, the rationale for the rule is for the protection of the opponent and no mention is made of the participant actually wearing the devices. We know that a mouthguard can protect braces wearers from intraoral injury but this will expand our thinking of protection against soft tissue injuries. In addition, orthodontists will be compelled to adequately protect their patients who are actively involved in wrestling.

Orthodontists often shy away from custom fitted mouth protection as many feel that it may impede favorable tooth movement. They often recommend poorly fitting stock mouthguards to allow for freedom of movement for the teeth. These mouthguards are often difficult to wear and may impede the athlete's ability to perform at a high level. Orthodontists and sports dentists will be challenged to provide well-fitted protection which will still allow for orthodontic progress to continue for a three to four month wrestling season.

The requirement to cover all appliances on both the mandible and maxilla will also prove to be a challenge. The choices to the athlete will be a hinged two-piece mouthguard, a one-piece bimaxillary mouthguard, or two separate mouthguards, one for each arch. All of these are available over the counter and they all can be individually fabricated by a dentist or a dental laboratory.

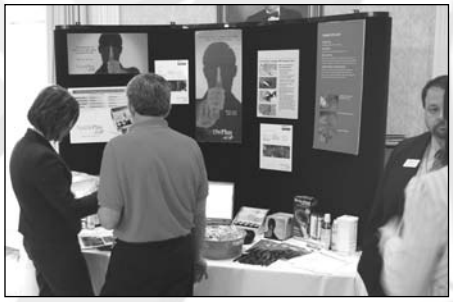
When the NFHSA makes a ruling such as this, each individual state has the ability to either voluntarily accept it or to not include it in their own state's rules. The NFHSA has rules requiring mouthguards in football, ice hockey, lacrosse, and field hockey and all of the states in which these sports are played follow the NFHSA guidelines.

For more information concerning this rule in individual states you may contact that state's high school athletic governing body. A full list of the fifty states athletic regularly bodies can be found on the Federation's web site at NFHS.org.

2007 Annual Symposium Scrapbook

Dr. Whitney Johnson and Benco representative

Patterson Dental representative Randy Ward with Drs. Emilio Canal and Mike Messina



Zila Pharmaceutical reps Jackie Kelly and Myrl Lawrence

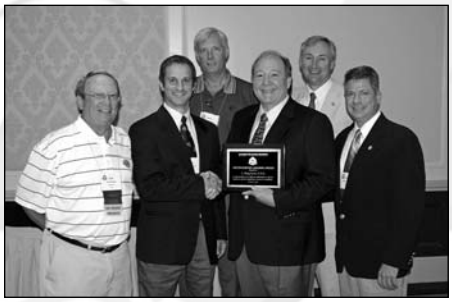
Dentsply Raintree Essix

Bobby Morse with Zoll Dental Instruments

Dr. King Scott
Distinguished Member

Great Lakes Orthodontics

Dr. Michael Engel receiving his Fellowship from Dr. Michael Messina



Distinguished member Dr. King Scott pictured with from left to right Drs. Jack Winters, Michael Messina, Mark Roettger, Steve Mills and Emilio Canal.

ASD 2008 Annual Symposium

The ASD will be providing programming for the attendees of the National Athletic Trainers Association meeting as a part of our program. ASD will also be presenting a session at the NATA meeting.

The Ritz-Carlton, St. Louis, a AAA four diamond hotel is located in Clayton, a community noted for its thriving business district, elegant residences, and extensive selection of restaurants and galleries. Just nine miles from Lambert St. Louis International Airport, the hotel is also within easy reach of many of the area's most popular historic sights and attractions.

Metro Link connects our guests from the Forsyth Boulevard Station directly across from the hotel to the area's many popular destinations.

Situated strategically on the banks of the Mississippi River, Saint Louis is known as America's Gateway City – Previous to being acquired by the United States as part of the Louisiana Purchase in 1803, the area around St. Louis had been explored and populated by French and German settlers for nearly a century. By 1904, St. Louis' place on the global stage was confirmed as it held a wildly popular World's Fair and became the first American city to host the Olympic Games.

Today, St. Louis is a city with readily apparent European influences, but whose pioneering spirit is decidedly American. Leaders in industries as varied as brewing, pharmaceuticals and aeronautics have found corporate homes here. At the heart of St. Louis is a charming community of distinctive neighborhoods, dotted with a diverse selection of boutiques, antique shops, art galleries, sidewalk cafes and restaurants. Over the ripples of the Mississippi River drift the sounds of jazz and blues, calling diners and strollers along the revitalized historic riverfront to the colorful stages of the St. Louis nightlife.

Explore the infinite possibilities that surround The Ritz-Carlton, St. Louis- a AAA Four Diamond hotel that is perfectly centered in the city, remarkably ten minutes from most of its cultural and entertainment offerings.

Please watch our website for additional information as it becomes available
www.sportsdentistry-asd.org

Mark your calendars!
This is a meeting that you won't want to miss!

The photography is provided courtesy of the St. Louis Convention & Visitors Commission and the Ritz Carlton