



NEWSLETTER

VOL. 24, NO. 2



**California Legislates
Mouthguards**

Page 5

**Dental Injuries at Missouri
Valley Conference Tournament**

Page 6

President's Message

Page 3

Guest Editorial Joint Commision of Sports Medicine

Page 4

ASD and the

Page 7

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University of Louisville
School Of Dentistry
Louisville, KY 40292

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2440 W. Lomita Blvd.
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ADA LIAISON

Ms. Nicole Stoufflet, RDH, MHS
ADA
211 East Chicago Ave.
Chicago, IL 60611-2678

EXECUTIVE SECRETARY

Ms. Shelly Lott
Meetings Accomplished
118 Faye St.
P.O. Box 364
Farmersville, IL 62533
OFF: 800.273.1788
FAX: 217.227.3438
Email:
sportsdentistry@consolidated.net

WEBSITE COORDINATOR

Melvin M.H. Choy, DDS
50 S. Beretania St., Ste. C-201
Honolulu, HI 96813-2222

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EDITOR

Steve Mills, DDS
300 Technology Way
Scarborough, ME 04074
OFF: 207.883.4203
Fax: 207.883.9068
Email: LMills5977@aol.com

MANAGING EDITOR

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



Greetings from the Academy for Sports Dentistry

Jeffrey P. Hoy, D.D.S.

Dear Members,

Greetings from the Academy for Sports Dentistry and from me, your newly elected president. It is with great honor, excitement and optimism that I begin my term.

For those of you unfamiliar with me or my professional experience, I will spare you the lengthy details and give you some of the highlights. I graduated from the University of Southern California School of Dentistry in 1981; yes folks, I'm a Trojan. Shortly following graduation, I was fortunate to join a dental practice that was involved with sports dentistry and working with professional sports teams in Southern California. So I was exposed to the treatment and prevention of sports related dental trauma over 25 years ago. Since that time, I have constantly strived to learn more about treating and preventing sports-related dental injuries to be on the cutting edge, and to provide the latest, most up-to-date dental service and information possible. It was this motivation that led me to join the Academy for Sports Dentistry in 1997.

For over ten years I have attended symposiums and workshops provided by the Academy, all the while meeting the leading authorities and gurus of sports dentistry. Many of the members I've met through the years I am privileged to call friends. I have learned a tremendous amount and continue to do so. I now find myself writing this message to all of you as ASD president. It has been an honor as well as a great time for me to be involved, at many levels, with the Academy. Professionally speaking, it has absolutely been one of the highlights of my career. With that said, I invite your involvement, solicit your energy, your ideas and your commitment. Most assuredly, you will echo my accolades and experience the satisfaction and fulfillment of the professional camaraderie I have experienced.

Who should join the Academy for Sports Dentistry?
Who would benefit from being a member of such an

organization? The ASD is a group of dental professionals with extremely varied backgrounds in both training and experience coming together with a common interest in furthering our knowledge and expertise in the diagnosis, treatment and prevention of sports related dental injuries. In the minds of some, the term "sports related dental injuries" narrows the focus of the knowledge and expertise provided by the ASD. Stop right there. How many of you have patients who are active and ride bicycles, swim, surf, play tennis, racquetball, hike, ride skateboards, etc? It's not just the obvious collision sports like football or hockey that are familiar to dental injuries. On the contrary, participants in these sports are usually well protected. It is the unexpected sports or activities that I've seen and treated some of the most gruesome and involved dental injuries. What about your patient's 6 or 7 year old son or daughter that falls out of the upper bunk of a bed and lands on the night stand? Hardly a sports related injury, but it might as well be and it's treated with the same treatment modalities used for sports injuries. There are very few activities that do not carry the potential of a dental injury. Are you, as a dental practitioner, prepared to treat these cases? You could actually substitute the term "sports related dental trauma" with "activity related dental trauma." So, who should join the ASD? Who can afford to be a dentist and not possess the knowledge and skill provided by the Academy to treat these injuries? The answer is all dentists that treat patients clinically will learn things from the ASD that would be very difficult to learn elsewhere.

There are many in our profession who do not know of the existence of the Academy for Sports Dentistry. It is one of my goals as this year's president to start projects and implement systems by which the Academy will be more recognized so that more of our colleagues will be aware of our existence. It is also one of my goals to increase the number of members of our Academy. But I cannot

Continued on page 8



Guest Editorial

It's OUR Message, isn't it?

King Scott, DDS

Colleagues, do we ever have a message! We of the Academy for Sports Dentistry are experiencing the most extreme form of flattery. We are seeing many groups in our profession copying and trying to reinvent the important and specific messages of our Academy.

Recently, I received Vol. 3, No. 14, April 14-20, 2008, *Dental Tribune* (www.Dental-tribune.com), which touts itself as "The World's Dental Newspaper." I flipped to page 7 and there was the American Association of Endodontists (AAE) announcing their 2008 Root Canal Awareness Week Campaign, March 30-April 5. They were focusing on dental education and promoting the value of preserving natural teeth. The President of AAE, Shepard S. Goldstein DMD, is quoted throughout the article. He presents information as if right off the ASD Trainers Card, however, he also makes some statements which many of us may feel is not current research like one for transporting avulsed teeth: "If these options are not practical, use water with a pinch of salt." It sort of felt like "salt in a wound" when I read that statement. In conclusion, he writes "People seeking additional information on local Root Canal Awareness Week, the importance of mouth guards, or to find an endodontist can visit www.rootcanalspecialists.org."

The very next day I received in the mail from the University of Minnesota-23rd Annual Duluth Program, Dr. Anthony DiAngelis speaking on "Traumatic Dental Injuries: Maximizing Outcomes, Minimizing Complications." He is certainly qualified and his credentials are impeccable along with the fact he is on the governing board of the International Association of Dental Traumatology and the editorial board of this journal, *Dental Traumatology*. His two-day outline reads like an ASD Team Dentist Course, however, no where in his credentials does he mention his membership in

the Academy for Sports Dentistry. Hopefully in his presentation he mentions the organization for persons interested in further knowledge than what he is able to present in his 2-day course. Dr. DiAngelis has lectured with members of the ASD in the past where the Academy has been highlighted.

Several days later I received an email from the Academy of General Dentistry reminding members about the AGD meeting in Orlando and sure enough there is info about mouthguard use in Spring Athletics. It has several links inside AGD and outside of AGD but again none to ASD.

We certainly do raise the attention level of the public with our message because so many other groups use our message to make the public aware of their own organization.

The important question is why these three entities are not using ASD as a source for dentists to gain current state of the art knowledge about Sports Dentistry. Have we become such an integral part of so many phases of dentistry that to many, we are too specialized? I do not believe so. I believe we have an excellent message for the public and for the profession. It is up to us to let the profession know we are the best source for this knowledge segment of our profession. It is also up to us to let other segments of organized dentistry know that a source of information already exists and they do not have to reinvent the wheel, they just only have to attend and become a part of our fine organization.

We have an excellent meeting. We have diligently and successfully tried to develop a working relationship with The National Athletic Trainers Association. We at ASD have an ongoing arrangement for two representatives to speak at the NATA national meeting every other year and to accurately

Continued on page 8

California Legislates Mouthguards

It is not unusual for well-meaning individuals to petition various sports governing bodies to institute rules to encourage and mandate the use of protective equipment such as mouthguards in various sports to reduce the incidence of preventable injuries. California state assemblywoman Betty Karnette (D-Long Beach) has recently tried to encourage mouthguard usage by making mouthguard use a matter of state law.

Last February, Assembly Bill 2165 was introduced to the California State Assembly mandating that a student in a public or private school or college wear a fitted mouth guard while participating in an interscholastic or intercollegiate competition in football, basketball, soccer, wrestling, field hockey and lacrosse. This bill has been sponsored by the California Athletic Trainers Association and supported by the California Brain Injury Association and the California Dental Association. Currently, according to rules established by the National Federation of State High School Associations and the NCAA, mouth guards are required in football, lacrosse and field hockey. The bill has been subsequently amended to "encourage" rather than mandate the use of mouthguards.

On April 8, 2008, the Assembly Committee on Arts, Entertainment, Sports, Tourism and Internet Media held a hearing on the amended version of the bill which encourages the use of fitted mouth guards.

Specifically, this bill:

1) *Encourages the governing body of a public or private school that offers kindergarten or any of grades 1 to 12, inclusive, and participates in interscholastic athletics administered by the California Interscholastic Federation (CIF) or another voluntary interscholastic athletic association, or the governing body of a community college or public or private college or university that participates in intercollegiate athletics administered by the National Collegiate Athletic Association (NCAA) or other voluntary intercollegiate athletic association, to require a pupil or student to wear*

a fitted mouth guard while engaged in an interscholastic or intercollegiate athletic competition in any of the following sports: Football, Basketball, Soccer, Wrestling, Field Hockey, and Lacrosse.

2) *Defines, for the purpose of this section, "fitted mouth guard" as a thermoplastic mouth-formed protector that is pre-formed by a manufacturer or dentist and then fitted to the mouth of a pupil or student.*

The committee approved the measure. It is now with the Senate. According to Dana Mitchell, Chief Consultant to the Assembly Committee on Arts, Entertainment, Sports, Tourism and Internet Media the governor is not currently in favor of signing this legislation.

While the main thrust of the bill is to reduce the incidence of preventable injuries, it appears that an important motive is to reduce the incidence of concussions. While the dental literature is full with citations linking mouthguards with concussions this link is tenuous at the present time and not accepted by everyone in the medical community. Ms. Mitchell is currently looking for support of the proposal especially as the rule pertains to concussions.

The following is the opinion of Dr Whitney Johnson, Board Member of the ASD and the Immediate Past President of the Berkeley Dental Society. He also works with the University of California Golden Bears Athletics. Here's what he had to say:

Though on the surface this sounds like a good proposal, it is quite clear no sports dentist was consulted. There is a very clear difference between a "fitted" mouth guard and a "properly" fitted mouth guard. There can be two types of "fitted" mouth guards, "properly" and "improperly." Based on this bill, either are encouraged. It is thought that the use of the word "properly" was not included to

Continued on page 6

Dental Injuries at the Missouri Valley Conference Tournament

The Missouri Valley Conference College Basketball tournament was held on March 6-9, 2009 in St. Louis, Missouri and for the first time dentists were included on the Medical/training staff. There were ten different teams competing and at least one dentist was present at each game. New ASD Board Member, Dr. Paul Nativi and Dr. Brian Habas were the on-site dentists. As it turned out, the dental presence was very fortuitous.

Two significant dental injuries occurred during the course of the tournament. The handling of these injuries is indicative of the importance of sports and team dentists and the special knowledge gained by studying dental traumatic injuries and injury prevention. It also indicates the common nature of dental injuries and basketball.

The first injury occurred during the Missouri State/Illinois State game on March 7. A player dove for a loose ball and hit his face on the floor. He sustained an enamel/dentin fracture of one maxillary central incisor and merely enamel craze lines on the other. Rebonding the fragment was not possible and Dr. Nativi treated the tooth with a composite restoration at the St. Louis University Center for Advanced Dental Education (CADE).

The second injury occurred when a player from Creighton University attempted to draw a charging

foul from a player from Drake University. The offensive player's elbow hit the defensive player's mouth and the maxillary left central incisor was avulsed along with a buccal plate fracture.

The gingival was lacerated in several places. The tooth was reimplanted within minutes in the trainer's room and the bone was repositioned. The athlete was transferred to the CADE for definitive splinting and suturing.

Both players obviously would be concerned with their ability to return to play in their next game. The player who had suffered the avulsion was not cleared to play but his team was eliminated so it was not a concern. The player with the fractured incisor was given a heat pressure laminated custom fitted mouthguard and played in the next game. In this next game he was his team's high scorer and said "my mouth is feeling great. I felt better playing with it (the mouthguard). It felt all right and didn't affect my game at all."

These incidents show, once again, the importance of dental coverage at large scale sporting events. Many of our members are team dentists for high level sports teams but there is still a risk of injury involving teams which are not able to have a designated team dentist. The editors of this newsletter are always pleased to recognize our members who have made a difference for athletes of any age.

California Legislates Mouthguards *continued from page 5*

avoid any legal jousting regarding the interpretation of what "properly" means. However, many current California laws contain exactly this language. The California Seat Belt law refers to a properly worn seat belt; the Child Safety Restraint Seat Law refers to a properly installed safety seat; the California Bicycle and Motorcycle Helmet laws refer to properly fitted helmets. There is no reasonable excuse why this bill should not encourage the use of properly fitted mouth guards. This bill addresses California schools, yet many California schools partake in interstate competition. How does this impact, for example, the University of Oregon

wrestlers as they compete against University of California, Davis at a UCD home meet that is sanctioned by the NCAA? These are just a few of the problems with this legislation. Though, once this bill is signed it can still be amended in the future. It should be up to us, the members of the Academy for Sports Dentistry, to take an interest and steer this in the right direction.

Whitney R. Johnson, D.D.S., F.A.S.D.
Dentist,
University of California Golden Bears Athletics,
Immediate Past President Berkeley Dental Society

The ASD and the Joint Commission of Sports Medicine

The leaders of six organizations dedicated to sports medicine and exercise came together in the late 1970's to discuss issues of common concern. This initial effort lasted only a few years but in 1993 Donald Cooper, MD, team physician of Oklahoma State University, and Tom Miller, renewed the idea and formed the Joint Commission of Sports Medicine and Science (JCSMS) with Mr. Miller as the Chair and Executive Advisor.

This new commission was flooded with requests by groups wishing to be member organizations but the initial number was critically pared to 32 and its first official meeting was held in 1993 in Colorado Springs, Co. This first meeting established the purpose of the group and the following mission statement was adopted: "To advance sports medicine by lacing together through informal liaison and joint ventures, the nation's leading organizations in sports medicine and sports science."

The Academy for Sports Dentistry was first invited to attend an annual session in 2001 as an "observer" and in 2003 was elevated to "Member Organization" status. There are currently 41 member organizations with some being the NCAA, AMA, NATA, National Federation of High School Associations, CDC, NOCSAE, and the American Academy of Pediatrics.

The Commission meets annually in different cities with the purpose of making it possible for representatives from different organizations to get to know one another on a personal level to enhance communication between groups and to discuss areas of mutual concern and interest. It also gives the different groups the opportunity to evaluate meeting sites for their own organizations.

The 2008 meeting was held in New Orleans, Louisiana, on March 7-9. This year's host was the New Orleans Metropolitan Convention and Visitors Bureau as part of its "New Orleans Is Back!" campaign. The main topics for discussion for this year's meeting were Performance Enhancing Drugs, Physical Conditioning as Prescription Drugs, Total Wellness, and Mild Traumatic Brain Injuries...Concussions. The featured speak-

er was Robert Cantu MD, Chief of Neurosurgery Service, Emerson Hospital, Concord, MA.

Dr. Cantu introduced his Sports Legacy Institute (SLI) and his talk focused on his recent research indicating that sports related concussions and brain trauma may cause long-term cognitive impairment and dementia. The Institute is dedicated to expanding the knowledge of the pathology of sports related head injuries. This issue is of such importance to the JCSMS that the Commission will host a meeting in 2008 to bring together all the medical disciplines concerned with concussion issues.

This meeting enabled the ASD and our representative, Dr. Jack Winters, to continue to inform the medical and sports community of the ongoing research on the use of mouthguards to reduce the incidence and severity of concussions. While this topic is controversial and not well accepted by the neuropsychological community, it is anecdotally supported in the dental literature and future research is needed to separate fact from fiction. Dr. Winters has produced research on this that he was able to share with Dr. Cantu.

This connection with the Joint Commission has enabled the ASD to have an impact on policies that have had national implications. The National Federation of State High School Associations which makes recommendations for the sports rules of all fifty states. Recently the rule mandating mouthguards for high school wrestlers wearing orthodontic appliances was a result of the collaboration of ASD and NFHS made possible by our connection with the JCSMS. Given the size of our membership, our voice in sports issues is very significant.

It is important to have ongoing and consistent representation to the Commission to foster the personal connections which make interaction meaningful. It is for this reason that the ASD representative to the Commission is a long-term appointment. Dr. Winters and his wife Nancy have fostered many friendships at these meetings which have led to close connections of ASD with many national organizations.

Greeting *continued from page 3*

accomplish these goals by myself; I need your energy and commitment. Together we can accomplish these goals.

As president-elect, and in looking ahead to my term as president, I worked on implementing several things, addressing each of the two goals mentioned. I have formed a reciprocal relationship between the ASD and the American Academy of Craniofacial Pain in the respect that the two Academies will place a membership booth at each other's annual symposium. Those of you attending the St. Louis meeting of the ASD had the opportunity to meet representatives from the AACP at their booth. Likewise, the ASD will have a booth at the AACP's annual symposium in Indianapolis, this August 1st and 2nd. Additionally the two Academies will share and trade speakers for our respective meetings. I am excited to welcome the speaker from the AACP who will speak on the subject of "Treating Traumatic Injuries of the TMJ" at our upcoming ASD Annual Symposium in Chicago, May 7-9, 2009. The AACP is a very respected and knowledgeable organization with a wealth of information including issues involving the temporo-mandibular joint.

Secondly, I have worked with our board of directors to implement the Academy's "Bring a Colleague"

program. The program was launched with the St. Louis symposium. By bringing a non-member colleague to the symposium, both sponsoring member and the non-member colleague will receive a 10% discount on registration fees. Additionally, each member may bring more than one non-member colleague for cumulative discount savings. You may bring up to 10 non-member colleagues for up to a 100% discount on your registration; you attend the symposium at no charge. For those of you who missed this opportunity for the St. Louis meeting, the Academy will be continuing the "Bring a Colleague" benefit for the ASD 2009 symposium in Chicago next May. This is a great way for your colleagues to experience and be exposed to the Academy for Sports Dentistry. Please get involved early and bring at least one colleague to Chicago next May.

This next year will be a busy and exciting time for the ASD and for me personally. Please visit our website for up-to-date news pertaining to the Academy. Also please feel free to contact me for any comments or ideas you may have. This is your Academy, please help it prosper and grow.

Thank you for your support.
Jeffrey P. Hoy, D.D.S.

It's our Message, isn't it? *Continued from page 4*

and actively promote the positions of the ASD. We can be proud of this terrific working relationship. With our coinciding meeting recently, we further enhanced our organization along with strengthening our relationship with certified athletic trainers.

The AGD is looking to partner with organizations. They have recently developed a solid relationship with Special Smiles and their mouthguard programs which we at ASD have had in the past. It is time for

ASD to develop a stronger partnering with larger groups like the Academy of General Dentistry just as we have developed a relationship with NATA. It may be time for us to branch out more and faster for our message to be recognized as an integral part of our Academy.

Thanks,
King Scott, DDS

CALL FOR PARTICIPATION

The preceding editorial by King Scott is an excellent example of how our membership can use our newsletter to enhance the information available to the ASD. We encourage any and all members to send letters, comments and editorials to Mary Byers at marybyers@comcast.net.