



# NEWSLETTER

VOL. 24, NO. 3



*ASD makes mouthguards at the National Athletic Trainers Association Annual Session*

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# Sharing Our Message

**Jeffrey Hoy, DDS, FASD**

Dear Friends and Colleagues,

It is a pleasure to communicate with you in our *Journal of Dental Traumatology* which we share with our "sister organization" the International Association of Dental Traumatology.

With the 2008 Annual ASD symposium over and summer gone, the daylight is shorter, the temperatures are dropping. That means one thing: the holidays are right around the corner. It is my wish to each of you that you and your loved ones are healthy and happy and are looking forward to sharing the joys of the season together.

One of the highlights of my summer was attending the Annual ASD symposium in St. Louis, Missouri. Dr. Regan Moore and the program committee are to be commended for putting together a successful symposium and for their work in sharing our symposium with the National Athletic Trainers Association, who held their annual meeting concurrently in the downtown area of St. Louis. Our ongoing relationship with NATA was strengthened as a result of the collaborative event.

Another collaborative effort was strengthened at the St. Louis symposium. The ASD welcomed the American Academy of Craniofacial Pain's exhibitor booth to our symposium. Their booth, exhibiting for the first time at an ASD symposium, was hosted by Elizabeth Bennie, who works with AACCP's current president, Dr. Robert Talley. Literature from the AACCP was available at their booth which included membership information, general information about the AACCP and upcoming meetings, as well as information regarding the AACCP's Institute program.

In reciprocation, the AACCP welcomed an exhibitor booth from the Academy for Sports Dentistry at their annual meeting held August 1-2, 2008 in Indianapolis. Our ASD booth was manned by our own Distinguished Member, Jack Winters. Jack

reports an overall "positive response" from the American Academy of Craniofacial Pain membership. The ASD booth was well visited and the attendees were, "very interested in what we're doing," according to Jack. One of the highlights of the symposium for Jack was when Dr. Annika Isberg from Sweden visited the ASD booth. Dr. Isberg, who gave a four-hour presentation on her current research in the "Biological Basis of TMJ Pain," spent time at the ASD booth discussing with Jack the protective possibilities of sports mouthguards in regards to the temporo-mandibular joint.

Thank you Jack! Thank you for the passion, conviction and energy you give to the ASD. You are an untiring inspiration to us all.

As our relationship with the AACCP continues, it is my pleasure to welcome Dr. Terry Bennett to our upcoming ASD symposium to be held May 7-9, 2009 at the Hyatt Regency in Chicago. Dr. Bennett, a long-time member of the AACCP and program chairman of the AACCP's recent annual symposium, will be speaking to ASD members on "Treating Traumatic Injuries to the TMJ." Plan on receiving some very useful information on treating TMJ injuries.

ASD has formed some very solid relationships with a variety of other organizations, both dental and non-dental. Our Academy is in a very desirable position with the relationship we have enjoyed with the American Dental Association. As most of you are aware, we have our own liaison with the ADA, Ms. Nicole Stoufflet, who has been present at our annual sessions. Many of these organizational alliances were formed by past presidents of the ASD and some of the past presidents still actively and personally maintain these bonds.

Many of you members of the ASD are also members of other organizations which may benefit from

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## Sharing Our Message *continued from page 3*

an alliance with the ASD. The Academy provides information, much of which is not provided in dental school curriculums and very hard to obtain elsewhere. Please keep in mind ASD is seeking additional relationships with other organizations desirable of forming a win-win alliance.

In our continuing effort to share our message, ASD is presenting sports dentistry lectures at several upcoming dental conventions. Drs. Steve Mills, Brett Dorney, and Ray Padilla will be lecturing at the upcoming Chicago Mid-winter meeting, February 26-March 1, 2009. Additionally, Drs. Steve Mills, Mark Roettger and I will be lecturing at the Yankee Dental Congress, January 28<sup>th</sup>-February 1, 2009. We hope, in presenting this unique and important information, attendees will not only obtain valuable knowledge pertaining to the treatment and prevention of dental-facial trauma, but will become aware of our organization. Many dentists do not know of the existence of the Academy for Sports Dentistry. This is unfortunate since, as previously mentioned, this training is very difficult to obtain and very valuable to possess. We need to share our training and our knowledge with others in our profession. In doing so, our Academy will grow and everyone will benefit.

At our last meeting of the board of directors, I requested that the membership committee address the issue of expanding our organization. The committee chairman, Dr. Jeff Lloyd, has designed several programs targeting specific areas where the Academy can grow. One of these programs was initiated at the St. Louis symposium which offered a discounted registration fee for both a member and an accompanying non-member dentist to the symposium. The ASD member and non-member dentist each receive a 10% discount on registration, which can accumulate for the ASD member bringing more than one non-member. In other words, bring 5 non-member dentists for a 50% discount and 10 for free registration.

The ASD Symposium Program Committee has been very busy putting together an exciting line-up of speakers and topics for the upcoming Annual ASD symposium. As previously mentioned, the symposium will be held in Chicago, May 7-9, 2009 at the Hyatt Regency Hotel Downtown Chicago.

The symposium will start off Thursday morning with keynote speaker, Dr. Anthony DiAngelis, from the

International Association of Dental Traumatology. He will present an all-morning lecture which will include how to rapidly assess and document traumatic injuries, how to provide emergency care and staging further treatment, factors influencing treatment and prognosis, splinting guidelines, and how to minimize complications. This fantastic and much anticipated presentation will be followed by our annual recognition luncheon and an afternoon of relevant topics including addressing acute trauma and airway management. "Fantastic Friday" will begin with the ASD's first-ever "Mouthguard Morning," a dedicated panel of internationally recognized speakers presenting the latest information pertaining to materials, design, evidence-based effectiveness of sports mouthguards, as well as updates pertaining to ongoing mouthguard research. In view of companies and individuals making unfounded claims as to what is best and what mouthguards provide, this is an event not to be missed. As mentioned above, Dr. Terry Bennett of the AACP will present vital information regarding the treatment of TMJ injuries. Presently, I am in the process of lining up my colleague from the National Hockey League, Dr. Ruben Echemendia, who heads the Neuropsychological Testing Committee of the NHL and is President of the National Academy of Neuropsychology. Dr. Echemendia will present the results of the recent NHL Concussion Study and will include an update on concussions. The Annual Symposium will end Saturday with the much requested Advanced Suture Workshop, "Lips and Layers," given by Los Angeles Kings' plastic surgeon, Chester Griffiths, M.D. Also on Saturday will be the updated mouthguard workshop, co-presented by our own Dr. Ray Padilla.

As you can see, the program is shaping up to be fantastic. The program committee, chaired by Paul Nativi and local arrangements chairman, Jim Lovelace, has worked hard to put together this symposium incorporating as many requests from the membership as possible. This is a very special event that will showcase the best the ASD has to offer, an event you will be proud to share with your professional colleagues. Please join us as we all come together to Share Our Message.

Thank you for your support,  
Jeffrey Hoy, D.D.S., F.A.S.D.  
President, Academy for Sports Dentistry



**Steve Mills, DDS**  
**Editor**

## *Editorial*

# We are the Experts

Those of us who call ourselves sports dentists can become irritated when others claim that our area of study is little more than fixing broken teeth and mouthguards. On the contrary we argue that we study dental trauma, oral cancer from smokeless tobacco, concussion research, and the epidemiology and prevention of sports related orofacial injuries. Add to that the possibilities of eating disorders in athletes, the unique definitive treatment and esthetic need of the injured athletes, and the use of intra oral appliances to enhance athletic performance. We really do cover a lot of territory.

It is true however, that the athletic mouthguard has been and will continue to be the symbol of sports dentistry. It is the cornerstone of dental injury prevention and has been used since the early twentieth century. Why then are there so many types of mouthguards available and so little agreement on just what makes the perfect mouthguard?

I spoke with many colleagues from all over the world this past June at our Annual Symposium in St. Louis. Many advocated only heat pressure laminated custom mouthguards made in a variety of thicknesses. Some use a vacuum forming technique, and some laminate with their vacuum procedures. Some cover the occlusal surfaces of the teeth to the first molars and some cover more distally. Most use ethylene vinyl acetate but other materials, like Poly Shok, have advocates. Some balance the occlusion and others do not. Some use hard biocryl inserts and some insist that the only way to make a mouthguard is to allow for a slight air space between the incisors and the mouthguard material. Some position the mandible to a specific position and others don't see this as important. Many reject all mouth-formed guards but most of the custom fitted mouthguard supply companies also sell "boil and bite" appliances in a variety of unique designs. Many of these boil and bite mouthguards demonstrate extremely creative engineering and fill a need and demand which will not cease to exist.

Excellent research is finding its way into this journal from our Japanese colleagues, some from Florida and other able researchers. It is time for us to put these people together and to have a critical and spirited discussion on what should be the most important features of the best athletic mouthguard.

Our president, Dr. Jeffrey Hoy, is putting together a program for our next Annual session in Chicago (May 5-7, 2009) which will assemble a panel of acknowledged experts both in the practice of fabricating and using mouthguards, and those who research the material and technical aspects of mouthguards. This is an excellent, timely and important initiative. I'm sure the presentations will be substantial and informative but the discussions which will result may be even more meaningful. The program may not lead to a description of the perfect mouthguard but it will add greatly to our knowledge.

Every member of the ASD should be excited about this as our small organization speaks for all of organized dentistry on this subject. It is our responsibility to set the standards of protection for all of our athlete patients. We owe it to our athlete patients to be able to offer them the best protection available. I cannot imagine that any of our members who supply mouthguards would want to miss this program

Sports dentists are not defined merely by mouthguards. We should continue to explore all of the connections dentistry can make with the world of sports. However this is one area in which we must lead the way. Don't miss this opportunity to be a part of this effort.

# The Academy for Sports Dentistry Annual Symposium 2008

The Annual Symposium of the Academy for Sports Dentistry was held at the Ritz-Carlton Hotel in St. Louis, Missouri from June 19-21, 2008. Almost one hundred people attended the meeting from four different nations. The meeting was supported by eight different companies and organizations and over twenty different speakers took part in the program.

This year's meeting took place at the same time as the annual meeting of the National Athletic Trainers Association and the president of that organization, Marjorie Albohm, shared the podium with the ASD's outgoing president, Regan Moore, for the opening remarks. Following the opening remarks, the next two speakers were certified athletic trainers. It was very significant and important for the ASD to connect with NATA to solidify our connection with the athletic trainers.

An important part of each Symposium is the recognition luncheon which recognizes the accomplishments of important members. Mark Roettger was awarded this year's distinguished member award for his many years of ongoing service and his contributions to the field of sports dentistry. Incoming president, Jeffrey Hoy, was awarded his fellowship and Marco Leyte-Vidal was recognized for his fellowship although he was not able to attend. Both Gloria Roberts and Whitney Johnson were recognized as outgoing board members.

The best feature of the Annual Symposium is the ability to interact with individuals who hold similar interests and the best venue to do this is at the wonderful social events which have become a highlight of the three-day event. This year's first social evening was the St. Louis Cardinal/Kansas City Royal baseball game made possible by the NATA. The Bite Tech Company hosted a cocktail party on the following evening to introduce their new intra-

oral performance enhancing product. Attendees were able to have their photograph taken with "Rocket" Ismael and to speak with Bite Tech representatives about their new and intriguing product.

The ASD reception and silent auction which supports the research fund of the organization was a resounding success as it collected \$4715.00 and was as entertaining as ever. Hans Stasiuk once again handled the auctioneer duties and convinced and cajoled the attendees to dig deeply into their pockets to buy a variety of sports items.

On the final day the business meeting of the ASD elected and swore in the new board members and officers. The new president, Dr. Hoy, presented outgoing president, Regan Moore, with a plaque of appreciation and then outlined his plans for the upcoming year. He also introduced next year's meeting in Chicago which is shaping up to be one of the most substantive and important meetings ever.

Overall the St Louis meeting was both educationally and financially successful for the ASD. Congratulations are due to Dr. Moore, Dr. Stasiuk and especially to local arrangements chair Dr. Paul Nativi. A special vote of appreciation is due to Shelly Lott, our invaluable executive secretary, as she once again went above and beyond the call of duty to make sure that everything went professionally and smoothly.



*The 2008-2009 board of directors (left to right) Drs. Robert Howarth, James Lovelace, Jeffrey Hoy, Hans Stasiuk, Paul Nativi, Regan Moore (at the podium), Emilio Canal, Jr., Jeffrey Lloyd, Ray Padilla. (Not pictured Alexander Della Bella and David Kenny).*



*ASD President Dr. Regan Moore addresses conference participants.*



*Dr. Jeffrey Hoy presents Dr. Regan Moore with a plaque for his service as President.*



*Speaker Dr. Dennis Molfese.*



*Dr. Steve Mills and Nancy Winters.*



*Dr. Jack Winters, Karen Wentz and Abbi Reister at the ASD booth on the NATA tradeshow floor.*



*Drs. Robert Ogar, NATA/ASD Liaison, Marjorie Albohm, NATA President, Regan Moore, ASD President, Michael Goldenberg, NATA Chair of District Secretaries/Treasurers Committee.*

# Academy for Sports Dentistry at the National Athletic Trainers Association Annual Session

By Steve Mills, DDS

The 2008 Annual Symposium of the Academy of Sports Dentistry in St. Louis, Missouri this past June ran concurrently with the Annual Meeting of the National Athletic Trainers Association (NATA). While the meetings were at different venues, this allowed for important interaction between our organization and theirs. A half day presentation was given as part of their scientific program by Drs. Brett Dorney, Ray Padilla, and Hans Stasiuk. In addition, ASD was given space on the large exhibit floor to advertise our organization and to interact with the athletic trainers.

Dr. Jack Winters took responsibility for the booth and created a hit on the floor by dispensing Academy for Sports Dentistry information and by actually making dental impressions for the athletic trainers. He and his staff then made heat pressure laminated mouthguards for these individuals right at the booth. Dr. Jack Winters, his wife Nancy, Dr. Kyle Amspau, and assistants Karen Wentz and Abbi Rister, were enthusiastically received. The impression taking seemed to be one of the most entertaining things on the exhibit floor.

In addition to the mouthguards, Dr. Winters developed a short questionnaire to be given out to the athletic trainers visiting the exhibit. Each athletic trainer who filled out the survey was given the Academy for Sports Dentistry Trauma Card. The responses were collected and, although not a truly scientific survey, the answers give us some interesting thoughts from a small sample of athletic trainers.

One hundred and fifty one athletic trainers filled out the questionnaire, seventy one females and eighty males. Most of these individuals (81%) worked at the high school or college level. The others worked for private medical groups, private schools or other organizations. Only one professional athletic trainer participated. The average experience of the respondents was nine years.

The 151 respondents unanimously agreed that mouthguards were important pieces of safety equip-

ment for athletes and more than half (86) believed that they were important for both dental and concussion protection. While this large number saw the benefits of mouthguards only a third recognized a dentist as a part of their medical team. Only about a tenth of the number had a dental screening as part of their pre-season evaluation.

As to the mouthguards themselves most (109) used boil and bite mouthguards and equal numbers used both stock and Vacuum formed custom guards. Only three individuals reported using any sort of pressure laminated mouthguards. When asked about why athletes did not use mouthguards the answers were the typical "can't breath," "can't speak," too uncomfortable responses but only 16% thought that they were too expensive.

Dr. Winters included two questions about smokeless tobacco and its usage. Surprisingly 63% reported that their athletes used smokeless tobacco and many added that the use would be considered "very frequent." It appeared that the athletic trainers were divided regionally as to the amount of smokeless tobacco use they saw but one instance was particularly illuminating: A group of four athletic trainers from a southern state were taking the survey when one of them started to chuckle. One of the other members of the group looked at him and asked simply "Question 8?" (smokeless tobacco question) to which the chuckler replied "Yeah." When I asked them what was so funny they said that the answer as to how many of their athletes used the products should be "all." This led to stories of coaches giving it to athletes, girls using almost as much as guys and athletes putting it between their toes during sporting events under their cleats and socks. Those of us from the Northeast at least may think that smokeless tobacco use is rare or disappearing but these casual conversations were a revelation to me.

The final comments which were written were decidedly positive about both the display and the lecture session. Many asked for more information and an

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## Academy for Sports Dentistry at the National Athletic Trainers Association Annual Session

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ongoing presence at their national meeting. Other areas of interest were concussions, performance enhancement, and more information on pressure laminated mouthguards. Concerns were the price of custom guards and getting more dentists involved with their schools or organizations. Finally several comments involved working towards mandatory rules for the use of mouthguards in some sports and educating coaches to be advocates rather than roadblocks for mouthguard use.

This questionnaire was decidedly informal and the results have not been subjected to statistical analysis. However, this was a good way to open a dialogue with a good number of athletic trainers and proved a

way to learn as much from the exhibit as it was to give out information from it.

Finally, and very importantly, I was taught very decisively that Athletic Trainers are very sensitive to their designation. I was told on several occasions to not, under any circumstances, call an athletic trainer simply a "trainer." They feel that this will be confused with personal trainer, horse trainer, boxing trainer and a variety of other non-athletic trainers. This seems to be a very important distinction with athletic trainers and we should do our best to respect this group who are our biggest allies and co-workers in injury prevention and immediate treatment.



## ASD 2009 Annual Symposium

May 7-9, 2009

Hyatt Regency Chicago  
151 E. Wacker Drive  
Chicago, Illinois 60601  
(312) 565-1234

One of the world's most magnificent skylines provides the backdrop for a splendid stretch of coastline along Lake Michigan. Chicago's world class cultural attractions include Millennium Park; The Field Museum; the Art Institute of Chicago; Shedd Aquarium; Lincoln Park Zoo; Navy Pier and much more. In addition attendees can choose from more than 200 live-performance theaters. Chicago has more than 5,000 restaurants, ranging from the finest French cuisine to famous steak houses to ethnic fare from around the globe.



The Hyatt Regency Chicago offers an ideal location for a productive meeting and enjoyable experience in the Windy City. They are located in the heart of downtown close to shopping, attractions, nightlife and more.

The quintessential shopping city, Chicago is home to the Magnificent Mile and its 460 shops on eight city blocks. Just a few blocks away is legendary State Street, site of the grand old department store Macy's on State Street.



### Highlights will include:

"Lips & Layers": Hands-on Advanced Suture Workshop presented by Chester Griffiths, MD  
TMJ Trauma Treatment Guidelines  
Mouthguard Panel Discussion  
"Bring A Colleague" Discount Program  
President's Reception  
Silent Auction

Please watch our website for additional information as it becomes available  
[www.sportsdentistry-asd.org](http://www.sportsdentistry-asd.org)

Mark your calendars!

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

Photos courtesy of the Chicago Convention & Tourism Bureau (CCTB)  
For more information on things to do in Chicago go to [www.meetinchicago.com](http://www.meetinchicago.com)

# Sports Dentistry Education In Japan

Tomotaka Takeda is an assistant professor in the Department of Sports Dentistry at the Tokyo Dental College, in Chiba, Japan. He and his colleagues have been frequent contributors to *Dental Traumatology* and have added greatly to the literature on sports dentistry. He was kind enough recently to answer a few questions about sports dentistry education in Japan and their department. Dr. Takeda has been a long time and valued member of the ASD.

***You are a professor in the Department of Sports Dentistry at the Tokyo Dental College. This is the only Department of Sports Dentistry I know of in the whole world. Do other schools in Japan have similar departments? Do you know of any others?***

Yes, in Japan, Tokyo Medical and Dental University, Graduate School has Department of Sports Medicine/Dental. (It is a very similar name as our University but it is absolutely different University). But I don't know of any others in the world.

***How many dental schools are there in Japan?***

In Japan we have 29 dental schools. And almost half of 14 dental hospitals belonging to those schools have a sports dentistry clinic.

***What does your department teach? Trauma? Dental Materials? Sports? Other?***

We teach mouthguards themselves, fabrication method of mouthguards, trauma, mouthguard material, sports-related physiology. We also teach about temporomandibular disorder, sleep apnea, and doping as in sports medicine targets deeply related to sports dentistry.

***How much education (time, courses, etc.) in sports dentistry do the undergraduate dental students get?***

For our fourth-year students, we have lectures on sports dentistry and a mouthguard fabrication course for all students (120 students). This involves making impressions themselves and making vacuum formed mouthguards as well as

boil and bite type mouthguards. And we also demonstrate how to make laminate type mouthguards. It takes about 22.5 hours in total/15 classes and one class takes 90 minutes. We also have several lectures for sixth year students.

***What sports in Japan require mouthguards, or which ones have a high mouthguard usage rate?***

Sports of which mouthguards are mandatory are: Boxing, American football, Ice Hockey (depending on age and gender), women's lacrosse, Rugby in High School, Junior High School and a some leagues of Medicine, Dentistry, and Pharmacy Universities, some kinds of Karate.

***Do most Japanese athletes who use mouthguards use boil and bite kinds (like here in the US) or custom guards?***

Custom-made is more popular in top level Rugby players though there are no accurate statistics. (In my opinion, almost 100% top level players are using custom made type.)

I feel that a majority of higher level players are using custom-made mouthguards in University and High School Rugby. But in other sports, boil and bite type is more common.

***Do you have one or two thoughts on sports dentistry and/or mouthguards which you would like to share with other dentists?***

A mouthguard's material and design, etc. should be selected according to a player's age, gender, and level, and which sport a player is involved with.

Occlusion of mouthguard is very important, so the dentist should carefully make and adjust each individual mouthguard.