



NEWSLETTER

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Dr. Emilio Canal

P R E S I D E N T ' S M E S S A G E

ASD Hitting a Growth Spurt

It is an honor to serve as President of ASD. I would first like to thank Dr. Hoy for all his hard work and leadership this past year as President. I would also like to thank the Annual Sessions committee for putting on a terrific symposium in Chicago. We had over 160 registrants and tremendous support from our Exhibitors.

In Chicago we awarded two of our members, Dr. James R. Lovelace and Dr. Lily J. Lim, with their Fellowship of ASD. Congratulations for all your work and dedication to Sports Dentistry. I would also like you to congratulate our Distinguished Member Award recipient, Dr. Dennis Ranalli, for his tireless work in helping take the Academy to the next level. Under Dr. Ranalli's leadership, ASD developed a 5-year strategic plan, many of our position statements, and Fellowship program just to name a few achievements.

This coming year the Board of Directors "will have their hands full," as we are looking to revamp our website in order to make it more informative for the general public, have more substance, and be a better resource of what is happening in the world of sports dentistry for our members. We are looking at increasing communication between our members so they can let us know what is happening in their part of the world. We will be redeveloping the Team Dentist course with the hope of incorporating a DVD series. We will also be looking to further solidify our relationship with NATA and look for other groups and organizations that we can work with to help further our message and increase the exposure of the Academy.

Our membership committee will continue to work hard in growing the membership while

making sure that the needs and expectations of our members are met.

For our Annual Symposium in 2010 we will be at the Ritz Carlton in Pentagon City overlooking the Pentagon and 5 minutes away from Reagan National Airport in Washington DC. We have been able to secure great room rates for our meeting and for those that want to come early or stay after our meeting and enjoy our Nation's Capital. Dr. Michael Messina will be our General Chairman and Dr. Leslie Rye will chair the Local Arrangements committee. We already have a terrific line up of speakers. Just to name a few: Dr. Martin Trope will lecture on Trauma to the Young Permanent Dentition and Revascularization of the Pulp, Dr. Gerard Gioia from Children's Hospital about the SCORE program for assessing concussion in the young athlete, Dr. Ryan Kazemi, Oral Surgeon from Bethesda, MD., will speak on Implant Restorations in the Esthetic Zone, Tissue and Bone Consideration After Trauma. We will also have presentations from the U.S. Lacrosse Federation and US Soccer Federation Sports Science and Safety Committee, and are looking at the possibility of a manufacturers' forum, various hands-on clinics, social outings to the Washington Nationals Park to see the Nationals and RFK Stadium for a DC United Game plus a lot more. So mark your calendar for June 24-26 2010 Washington, DC. The Board of Directors has also decide that Las Vegas will be the site for our 2011 meeting.

See you in DC,

Emilio Canal Jr., DDS, FASD



Steve Mills, DDS
Editor

Editorial

When the State of the Art is a State of Change

The Annual Symposium of the Academy for Sports Dentistry of 2009 in Chicago featured a panel presentation on “Designing the Ideal Mouthguard.” The panel discussed a wide variety of factors such as design concerns, new materials, concussion resistance, performance enhancement, and ongoing research touching on many aspects of mouthguard fabrication and usage. The corresponding question and answer period was lively and further indicated that what makes up the ideal mouthguard is not a simple set of criteria.

I believed that I would come away from the presentation being reassured that I was providing state of the art protection to all of my athletes. After all I have consistently attended all ASD symposia, I read the journals, and I make a lot of mouthguards. My athletes like my guards, they rarely if ever suffer dental injuries while wearing them, and I have taught current fabrication techniques to many of my peers.

Instead of being satisfied with myself I left the hall with the need to reevaluate several areas about which I had become complacent. Am I taking the occlusion of my guards seriously enough? When I build an occlusion into my devices should I try to position the mandible in a specific place? What should that “place” be and how do I arrive at it? Maybe I should leave a space between the incisors and the mouthguard material (I use EVA). Maybe I should go back to placing a hard insert over especially at-risk areas, and maybe I should look forward to the time when we change from ethylene vinyl acetate to some completely different material. Do I or don’t I stop telling people that mouthguards reduce the effects of concussion, do I hint at performance enhancement, or do I just accept the dental protection of my appliance and forget about the rest? And with all of these considerations does it become so time consuming to make a mouth-

guard that I need to charge more or stop making them all together?

The answer of course is yes, I think about doing all of those things but I do it in a way that makes sense to me for myself, but even more for my specific athletes and their individual sports. I don’t view this as disappointing or annoying but rather as an exciting example of how dynamic this process is and how important it is to keep up with current literature and knowledge. This is the way the rest of the dental profession has progressed in the past and it is in many ways reassuring that our little niche in dentistry is just as forward directed as so many other areas of our profession.

This line of thought reinforces what so many of us have known for many years and that is that we gain very useful information from our meetings and journal. Both of these learning vehicles need to be visited regularly. Those who are talking to anyone about sports dentistry or mouthguards cannot consider themselves experts or even knowledgeable unless they do. This is especially important as this type of information is rarely seen in almost all other journals or meetings.

The profession of dentistry is dynamic, ever improving and changing. Sports Dentistry should reflect this as well. To those folks who are doing the same thing now that they have done for a very long time I would recommend that they step back a bit and do a little self evaluation. It bothers me when young dental students are taught about topics related to sports dentistry, trauma and mouthguards by individuals who haven’t taken the time to look deeply into the current sports dentistry literature. It bothers me when dentists associate themselves with a high school or college sports program without the proper or current information. If we are to be the dental point men and

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High Praise for the Twenty Seventh Annual ASD Symposium

The 27th Annual Symposium of the Academy for Sports Dentistry was held from May 7-9 at the Hyatt Regency Chicago in Chicago, Illinois. Approximately 165 registered for the meeting making it one of the largest meetings of the ASD in quite some time. The venue, the city of Chicago, and the educational substance of the meeting all combined to make this a very successful and rewarding sports dentistry experience.

The symposia of the ASD tend to cover certain key areas which sports dentists are involved with routinely. The areas of recognition and treatment of dental trauma, fabrication of mouthguards, concussion research, and other side topics are important features of each meeting. The meetings try to be equally beneficial to dentists who have been involved with sports dentistry for years but also for those individuals who may be attending a sports dentistry meeting for the first time. The overwhelming feeling was that this meeting was entirely successful achieving this goal.

The meeting had an international presence as well with Drs. Tomo Takeda of Japan, Churei Hiroshi and Shomura Masahito also of Japan and Stephen Perez of France making significant and valuable contributions. Other nations represented were Canada, Puerto Rico, and Cuba.

Without going into too much detail there were many highlights of the symposium. In fact, within the space of two and a half days we were blessed with no less than five world class lectures and workshops and several shorter but no less quality presentations. The longer presentations included a half day dental trauma lecture by Tony DiAngelis, a multi presenter panel on the state of the art of the Athletic Mouthguard, Dr. Terry Bennett's lecture on TMJ Treatment guidelines, an excellent presentation on sports related concussions by Ruben Echemendia, and a unique and very beneficial lecture on suturing by Chester Griffiths. This last presentation was followed by a suturing workshop where the attendees were able to suture pigs feet under the direct tutelage of Dr. Griffiths.

Special mention should be given to the speakers of the mouthguard panel. The contributors were Tomo Takeda

(current standards of thinking on mouthguards), Dena Garner (performance enhancement with intraoral appliances), Trent Gould (dental materials for mouthguards), Cynthia Satko (involvement with a high school sports team and a medical information chip for mouthguards), Gerald Maher (concussion resistance theory and appliances), Jack Winters (on field research for concussion resistance), and Ray Padilla (the benefits of the heat pressure laminated mouthguard). The panel presented their information under severe time restraints and yet the presentations were comprehensive. This demonstrated that there is more to the mouthguard than meets the eye and that the future for this little device is far from over.

A regular and honored part of each symposium takes place at the Recognition Luncheon on the first day of the Symposium. The Academy for Sports Dentistry presented Dr. Dennis Ranalli of the University of Pittsburgh with its Distinguished Member Award for his long and amazing service to the field of Sports Dentistry. Dr. Ranalli has brought sports dentistry to thousands of dentists and others through his research, his publications, his lectures and his service. He is far from retiring however and continues to be involved with, among other things, the Special Olympics and he presented some of his most recent research on the Pan American Games as part of the Symposium program.

Two individuals completed their fellowship requirements and were recognized and presented with their plaques, Dr. Lily Lim of New York University, and Dr. James Lovelace of Chicago.

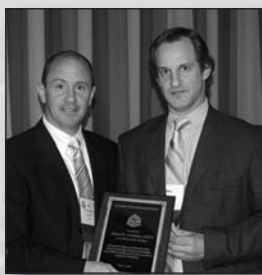
The Presidents Reception held at the end of the second day was the social high point of the weekend. This gives the attendees the opportunity to interact with one another in a fun and informal setting. The Academy for Sports Dentistry has long prided itself on the close camaraderie felt between members and this party gives everyone the chance to relax and to get to know one another on a personal level.

The President's reception is also the setting for the silent and live auction which raises funds for the research fund of the Academy. As has become the tradition, along with the silent auction, Dr Hans Stasiuk was the auctioneer for

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Drs. Jeffrey Hoy, Anthony DiAngelis, Paul Nativi



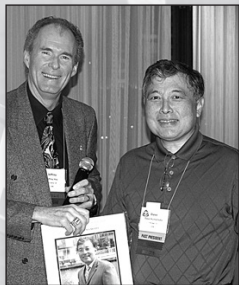
Dr. Michael Messina presenting Dr. James Lovelace with his Fellowship plaque



Dr. Emilio Canal, Jr. presenting Dr. Lily Lim with her Fellowship plaque



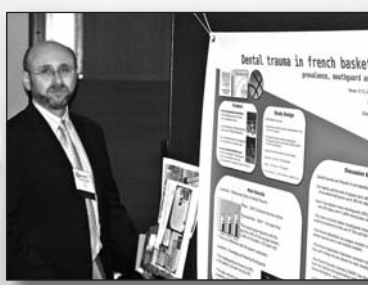
Dr. Jack Winters presenting Dr. Dennis Ranalli with the Distinguished member award.



Drs. Jeffrey Hoy and David Kumamoto



Dr. Canal presenting Dr. Hoy with a plaque in appreciation for his service as President



Dr. Stephen Perez presenting his poster presentation



Dr. Ruben Echemendia



*2009/2010 ASD Board of Directors
Gregory Ladd, Michael Nanne, Ryan Salazar, Jeffrey Lloyd, Paul Nativi, James Lovelace, Alexander Della Bella, Hans Stasiuk, Ray Padilla, Emilio Canal and Jeffrey Hoy at the posium.*



Dr. Terry Bennett



*Mouthguard Forum panel presenters
Drs. Steve Mills, Ray Padilla, Cynthia Satko, Dena Garner, Trent Gould, Jack Winters, Tomotaka Takeda and Gerald Maher*



Dr. Cherise Russon



*Dr. Chester Griffiths
Suturing workshop*



Dr. Ray Padilla during the mouthguard workshop



Silent Auction



Dr. George Chiampas

Massachusetts Interscholastic Athletic Association Reverses Mandate for Mouthguards

The soccer Committee of the Massachusetts Interscholastic Athletic Association has voted to remove a long-standing mandate for the use of mouthguards in high school level soccer. While the Sports Medicine Committee voted 16-0 to uphold the mandate the other parties voting removed the word “required” in the rule to “highly recommended.” It was the opinion of the MIAA Soccer Committee that the adverse effects of required use of mouth guards far outweigh any hoped-for benefits.

In its discussion of the issue and the rationale for the action, the MIAA noted the following opinions:

1. “Coaches have voiced a variety of hygiene and general health issues associated with Mouthpieces:
 - Removing and replacing with hands during play and practice.
 - Choking hazards when chewed or cut down.
 - Sharing mouth guards in ‘emergency’ situations like a forgotten piece of equipment.
 - Dropping mouth guards on fertilized/treated playing surfaces and surfaces with bird droppings and replacing instantly. Separate concerns have been raised with specific health risks on artificial surfaces regarding staph and MRSA infections.”
2. “The incidence of orofacial injury in soccer is not precipitously higher than in other sports when examined in a per athlete/per appearance context.”
3. A substantial portion of the rationale against mouthguards was the lack of any clear connection between their use and protection against concussion.
4. Interestingly, a new argument surfaced that the use of mouthguards interfered with the “flow of the game.” They stated, “Concerns have also been raised regarding the mouthguards’ disproportionate interference with the flow and play of soccer. The guards at full size make on-field communication virtually impossible and can alter breathing patterns of student athletes. Both of these issues materially alter game play.”
5. Finally the MIAA addressed the difficulty that players had in obtaining quality oral protection. “... unless provisions are made to provide personally-molded mouthguards for all participants in the state at a reasonable price and with an ability to acquire, EMSCA coaches expressed that a significant equity issue exists. Absent such provisions, programs and athletes with means and access would enjoy a significant advantage over those without, rendering the current rule unfair and inequitable.”

This decision follows on the heels of the MIAA’s decision two years ago to remove the mandate for mouthguard use in high school basketball. As was the case for soccer, mouthguards were “required” for basketball and the wording was changed to “highly recommended.” The issue of the mouthguard mandate was again brought up but the use of the “highly recommended” phrase was maintained.

According to Dr. Nancy Jo Soporowski, a pediatric dentist practicing in Natick, MA, the arguments seemed to key in on the ability of the game officials to police the use of mouthguards. “It’s kind of like the seatbelt law...even though people know it’s a safe thing...don’t force me to do it. Once it becomes highly recommended you can suggest wearing a guard, but cannot say you have

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women we must at the very least be more knowledgeable about things like the mouthguard/concussion link than the head athletic trainer.

So I must now rethink my recommendations for mouth protection for my athlete patients. Good. I am happy with this dilemma. I want to take this problem seriously and scientifically. Our colleagues in dental traumatology routinely and unapologetically change their recommendations in light of new thoughts or research. We can do the same thing and in fact we should do the same thing. And for our colleagues who have very little knowledge (and there are many) we mustn't allow them to propagate old techniques and information.

This will be my last "mouthguard" editorial for a while, as it doesn't serve us to be too defined by this one issue. But I was challenged, intrigued and excited by what I heard during this groundbreaking mouthguard panel. We, the ASD, must do this again in the future. We cannot become complacent or stagnant and we must remain open and broad-minded. Private and academic dentistry must work with commercial companies who study mouth protection for a living. It's a dynamic world in all things and we must continue to move forward, not changing for change's sake, but to try to always become better. ■

High Praise for the Twenty Seventh Annual ASD Symposium *continued from page 5*

the live auction. With his energy, coaxing and prodding, along with the help of his assistant Dr. Jan Chithalen, he was able to raise \$6040 for the fund.

As the Symposium came to an end with Dr. Ray Padilla's ever popular mouthguard fabrication workshop, it was generally agreed that this had been a very rewarding program. Dr. Paul Nativi, General Chairman, Dr. Jim Lovelace, Local Arrangement chairman, and outgoing president

Dr. Jeffery Hoy, along with the invaluable Shelly Lott, produced a great meeting. While all of these four individuals deflected praise from themselves, it must be recognized that they spent countless hours putting together the meeting and they should be congratulated for their efforts. With this meeting in the rearview mirror we can now look forward to an equally exciting experience in Washington, DC in 2010. ■

Massachusetts Interscholastic Athletic Association Reverses Mandate for Mouthguards *continued from page 7*

to have one...If they didn't believe that mouthguards were advantageous, they wouldn't recommend them at all. Saying that they are highly recommended gives them the privilege of not having to police a rule, but being able to say I told you so because I highly recommended it after an injury occurs...they bear no responsibility."

The MIAA did admit as much in its final statement on the action saying that, "As previously stated, we understand that mouthguards have some inherent protective value. The distinct and unique difficulties and risks associated with their as-used implementation in soccer make their applied value dubious at best."

It has been shown time and time again that mouthguard mandates for sports which are not thought to have high risks of orofacial injuries are difficult to maintain. It is the opinion of the author that the term "highly recommended" will result in a very small percentage of the soccer players in Massachusetts using mouthguards in the coming two years. The responsibility of the organized profession of dentistry to make quality mouth protection at an affordable price to high school aged athletes and to educate parents, athletes, coaches, and administrators has never been more apparent.

The Massachusetts interscholastic athletic association can be accessed at www.miaa.net. ■