



NEWSLETTER

VOL. 25, NO. 3

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2010-2011

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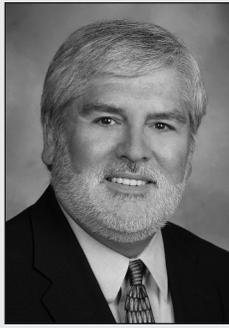
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Dr. Ray Padilla

Spread the Word...

The Academy for Sports Dentistry is the only North American organization solely dedicated to injury treatment and prevention for athletes. We have a membership of over 600 members but I feel our scope and presence could be significantly increased. There are about 140,000 dentists in the USA. I regularly get phone calls and/or emails from dentists asking questions about mouthguards or trauma treatment modalities. I get questions from dentists wanting to start mouthguard programs in their communities and other sports dentistry issues. This is not unusual and many of you probably receive the same type of calls and questions. My point is, when I ask if they are members of the Academy for Sports Dentistry (ASD) many say they were not aware that such an organization even exists.

Being one of the founding members in 1983, the ASD has changed my life and opened many doors for me. The friendships and knowledge I have gained because of this organization have profoundly influenced every aspect of my life. It has allowed my family and me to travel around the world and attend and work many sporting venues such as World Cups, Olympic Games, and other NCAA Collegiate and International Championships. I owe it all to the ASD and the relationships I have gained through this organization.

My purpose is to help other sport-minded dentists achieve these same opportunities by increasing the membership of ASD. If every member contacts another sport-minded dentist and explains the vast opportunities and benefits of membership, our organization would grow in leaps and bounds. I challenge every present member to contact other like-minded dentists and discuss these advantages.

These benefits include access to member only privileges of the ASD website, including

team dentist community profiles, community forums, messaging system, and document centers as well as being listed in the team dentist search profile. Other rewards include a reduction of registration fees for the annual symposium (which next year will be held in Las Vegas, Nevada), a subscription to the *Journal of Dental Traumatology* (\$725 value if subscribed separately) and the official newsletter of the Academy for Sports Dentistry. In addition, there is access to copies of the "Emergency Treatment of Athletic Dental Injuries" card and the new Academy slide presentation. These benefits total well over \$1000 and the annual dues for the ASD membership are only \$195.

In our present world of electronic communication we have opportunities to increase awareness at little or no cost. One such method I am incorporating into my present email messaging is adding a "signature" at the bottom of each sent email, introducing recipients to the ASD web site and inviting them to attend the next ASD Symposium in Las Vegas. Imagine how many emails we send to fellow colleagues.

If you are a team dentist for a NCAA, MLS, NBA, MLB, NHL or any organizations, contact another dentist you may know representing these teams and invite them to join the ASD and attend our annual symposium. Any and all general dentists are likewise invited to join. Add a link to your office web site. This will increase awareness.

I appreciate your efforts. Let's continue to spread the word on trauma prevention and ASD. Patients will get increased quality of care and we will feel proud to provide those services. I am very humbled to serve you and this great organization. Let's all help it grow together.

Ray R. Padilla, DDS



Steve Mills, DDS
Editor

Editor's Column

Calling for Academic Sports Dentists

The Academy for Sports Dentistry was founded in 1983 by a group of dentists largely dominated, with a few notable exceptions, by full-time faculty members at various dental schools. These individuals were first and foremost educators whose professional lives in dentistry were centered on teaching young dentists about subjects they cared about deeply. These doctors brought with them many members, myself included, who have continued to dedicate a large portion of our professional lives to the field of sports dentistry.

Small organizations without huge membership numbers go through changes of leadership and public faces over time more often than large groups. The ASD is in a time where our leadership is composed of a group of very qualified men (no women at present; we'll address that in future editorials) but no full time faculty members are among that number. Several are associated with dental schools but not as full time faculty members. I am not trying to imply that the Academy is in anything but very qualified hands. I am saying that the time is now for dental school-based individuals to become active in the ASD.

In recent years four names come to mind as important dental school connections to our organization: Regan Moore, University of Kentucky at Louisville, David Kumamoto, University of Illinois, Chicago, Dennis Ranalli, University of Pittsburgh and David Kenny, Toronto Hospital for Sick Children. All four of these men are far from retired from sports dentistry but their connections to the ASD are as available advisors but not as active policy makers. What they all brought to us was an ability to guide us through the science of our niche of dentistry. They were a direct

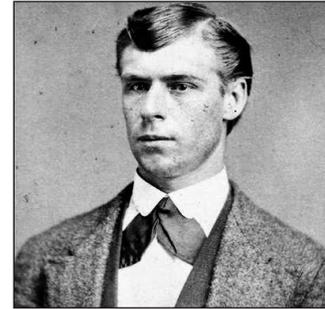
connection to dental students and to future members. They understood, better than many of us, how to write policy statements and to construct documents that were well written and well considered. They understood the research process and had connections to other university personnel who might be led to conduct research of importance to sports dentistry. They had access to the mechanisms and special equipment needed to conduct research such as material testing. We are all thankful to our friends in Japan who are doing much of the material research in mouthguards, but it's time for more input from the United States.

It is time for new dental school faculty members to step up to the plate. If you are reading this and are a member please consider asking about becoming more involved in the leadership of the Academy. If you are reading this as you read the traumatology journal and are not a member, please consider the advantages of our organization. We welcome your interest.

For those of you who are members and are involved with dental schools on a part time basis, please don't feel that this editorial in any way is meant to lessen your importance to the ASD. Your combination of the academic world and the private practice world is our backbone. Members in Buffalo, Miami, Los Angeles, and St. Louis, to name just a few, bring so much to the ASD and the dental schools to which you are connected that your impact cannot be overstated.

I am however pleading for those of you who are more embedded in dental schools to offer your special place in the world of dentistry. You will not be ignored when you offer yourselves to our group and you will have a lot of fun.

Move Over "Kid" Lewis Nineteenth Century use of Mouth Protector in Baseball



Doug Allison

The popular belief in the history of mouthguards is that the first professional use of a mouthguard was by Ted "Kid" Lewis in the early twentieth century, perhaps 1913. In a recent article in the Sunday, August 22, 2010 issue of the *New York Times* entitled "Early Catchers Paid a Heavy Price," authors Peter Morris and Alan Schwarz noted that "Pioneer catchers were daredevils who stood directly behind the batter with a simple rubber mouthpiece as their only protection." The catchers mask, according to the article, arrived in 1877 so that the use of the mouthpiece in professional baseball would significantly predate the mouthguard used by the boxer Lewis.

Freddy Berowski, Research Associate at the National Baseball Hall of Fame and Museum in Cooperstown, New York researched the question for this article and found a citation and a picture in a 1995 book by Dan Gutman entitled *Banana Bats and Ding Dong Balls* that attributed the invention of the mouthpiece to a ball player named George Wright:

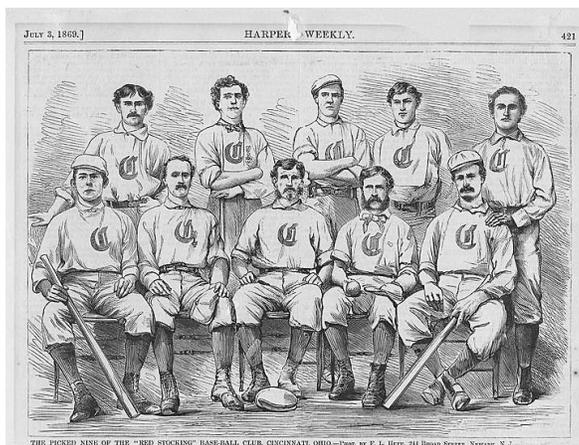
Figure 5-2A
(National Baseball
Library, Cooperstown, NY)



"The first protective device specifically for baseball players was the 50 cent catcher's mouthpiece. It was invented in the 1860's by Hall of Famer George Wright. Wright was a star on the Cincinnati Red Stockings, the first all-professional team, which was formed by his brother Harry." Interestingly, George Wright had played catcher in the past but was the shortstop for the early Red Stockings. The Red Stockings' catcher was Doug Allison and he did wear the mouthpiece. Allison has his own place in baseball history for being the first to wear a

rudimentary baseball glove made out of buckskin to protect his hands in 1870.

Mr. Morris is a well-known baseball historian and he graciously sent some interesting background from his book *A Game of Inches*, 2nd edition. According to an article from the Williamsport *Sunday Grit*, June 7, 1891 the catcher "used to hold in his teeth a large piece of solid rubber for the purpose of protecting them." From the *Miami Herald*, June 3, 1912 the mouthpiece also "covered the lips and provided protection to the teeth. It proved so efficient that all the leading



THE PINKED NINE OF THE "RED STOCKING" BASE-BALL CLUB, CINCINNATI, OHIO.—(Phot. by F. L. Herr, 241 Broad Street, Newark, N.J.)

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Mover Over "Kid" Lewis

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catchers adopted it." James Tyng, in the *Philadelphia Press*, reprinted in the *Cleveland Plain Dealer*, May 12, 1888, described it as "a small piece of rubber held between the teeth which, if struck by the ball, it was popularly supposed would prevent the disagreeable contingency of being forced to swallow one's teeth."

It was not a complete success with all of the players however. Mr. Morris quotes Hall of Famer Cap Anson from the *Sporting News* on January 23, 1897: "This piece of rubber was invented by a chap in Boston" (George Wright played for and moved to Boston after his stint with Cincinnati). "The inventor thought it would resist the force of the blow in case the ball hit the catcher in the mouth. The rubber was an awkward thing and not a success. Shortly after it was placed on the market I read in the Chicago papers of a lad catching in an amateur team who almost choked to death with one of those rubbers. A foul caught him full on the rubber and rammed it down his throat." It seems that the idea of a properly fitted mouthguard was not considered in the late 19th century.

Mr. Berowski said that the Hall of Fame Museum does not have one of these mouthpieces and he doesn't know of one in existence. The last one known to have existed was one used by Doug

Allison. In the book *Baseball's immortal Red Stockings* by Les Allen (2006), relics of the 1869 Red Stockings Team were auctioned off on October 25, 1916 in Cincinnati. William Kennett, the son of a man who served as team president in 1880 purchased many of the relics including the Doug Allison rubber mouthpiece. Unfortunately this and the other relics were later destroyed in a fire in his home.

Fans of Ted Kid Lewis should not feel that this displaces him in the history of mouth protection. Lewis' mouthguard was fabricated by a dentist (Peter Krause) and although it was made from rubber it probably would look significantly more like a modern mouthguard. This appliance fit well and was used in a sport in which a good fit was critical.

It is likely that devices that protected the mouth have been used throughout the history of sport, military training and warfare and have not been reported. This story does, however, clearly document the use of an oral appliance whose use was specifically for the protection of the mouth and the teeth in the middle of the 19th century.

A note of great thanks should be given to Freddy Berowski of the National Baseball Hall of Fame and Museum and Peter Morris. Both individuals were very generous and both took great time to assist in the writing of this article. The stories and lives of Doug Allison and George Wright are fascinating for any baseball fan or student of history.



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SEE YOU NEXT YEAR!

What does a **CONCUSSION** feel like?

The Academy for Sports Dentistry feels that sports dentists should be educated on concussions in sports. The Academy continues to hope and to work to find a solid, evidence based, connection between mouthguards and concussion prevention. The Annual Symposium of the Academy regularly hosts internationally known speakers on concussions to update the membership on current thoughts on sports related brain injuries.

As medical professionals we may have a good clinical understanding of the signs and symptoms of concussions. It is often difficult however to put our knowledge into words which our athletes can relate to. Anna Martens was a tenth grade soccer player in Scarborough, Maine when she suffered a concussion when hit by the soccer ball which was kicked out of the goal by her own goalie. She missed the entire season

recovering from her concussion. Her significant frustrations and physical problems led her to put her thoughts down in the form of a poem. Her words are the words of a teenager and her insight is a powerful telling of what our young athletes go through.

Gerald Gioia, PhD, Chief of the Division of Pediatric Neuropsychology at the Children's National Medical Center in Washington, DC and a featured speaker at last year's ASD Annual Symposium called the poem "very powerful" and "dead on with the experience that so many student-athletes describe." He is tentatively planning to post Anna's poem on a website called www.sportsconcussions.org.

Anna is now a senior in high school, is again playing soccer (with a head protector), and is planning to attend college as a pre-med student.

"Hit"

September 1st, Labor Day

I can no longer remember as just a holiday anymore

to me it reminds me of just the beginning of the longest journey of my life.

The excruciating hot day of Summer, the green turf's heat waves rising to the sky, the metal benches burning your skin at contact. Soccer had become my life for the last few months.

The goalie soars through the air to grab the ball.

I turn to get up the field then, out of nowhere it feels like a bomb has blasted into my head.

I lose my footing and open my eyes Clueless about what that one hit would have in for me the next 4 months.

Friends turning music on, I can feel my brain swelling like a broken thumb.

It's an everyday task, and it kills me.

Climbing upstairs I dread the pulsating pain that shoots through my head like a rifle blasting through a target.

Walking down the halls, dizzy, the world is turning.

My legs grow weak from the pain, my arms heavy, my neck in knots.

Almost late to class, my head's a balloon that's about to pop. wanting to speed walk,

but holding back to avoid increasing my pain that seems to have imprisoned my brain.

Entering Early America, the lights feel like they're breaking my eyes.

I wince as one does before they're slapped against the face.

I sit in my chair trying to listen hard to concentrate on the lecture.

My brain feels like scrambled eggs.

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"Hit"

Continued from previous page

*Trying to focus on the projector I feel shooting
pains up the back of my head*

Like fireworks exploding into the air.

*I can't help but remember the day it all
started.*

*The cafeteria feels like it's trying to slam my
head with pain*

Friends sitting around the table, laughing.

*Their voices turn into screams piercing my
ears.*

They have no idea the pain I'm in.

The day seems to torture me by never ending.

Mr. Spang is talking

"Take notes."

He's going too fast.

It's like watching a movie on fast forward.

I need to slam on the brakes.

Slow down.

Spending hours in the trainer's room.

Seeing people coming in,

hearing the trainer releasing them to play,

hearing the trainer tell me that I'm not ready.

Walking to practice,

that I can't play in

sitting there, my stomach knots up

with the heartbreaking feeling

*that my teammates are all improving and I'm
just sitting there.*

At home I must force myself to do Homework

But fatigue encompasses my mind.

My eyes want to close

I must use all of my energy to keep them open,

taking me hours to get one single task done.

8:30 feels like 1:00 in the morning.

I've got hours of homework ahead of me.

It's like a never ending cycle,

I want to go to bed but I can't...

I must get my homework done.

11:00 I get to bed,

laying there I wonder if

I'm ever going to get better,

Thinking of all the things I've missed out on.

Disappointed, depressed, upset.

