



NEWSLETTER

VOL. 34, NO. 2

In Memoriam

Richard (Rick) Knowlton, DDS

August 5, 1956 ~ March 11, 2020



It is with tremendous sadness that we announce the passing of Richard (Rick) Knowlton, DDS. He passed surrounded by his loving family on Wednesday March 11, 2020. He was 63 years old. It was only a year ago in Toronto that the Academy bestowed upon Rick the Distinguished Member award for all his amazing service. His history was listed in our previous newsletter, but he will be very sorely missed by many, but especially by those around the world who enjoyed and shared the world of sports dentistry with him.

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<https://www.academyforsportsdentistry.org/standing-committees-liasons>

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The Academy for Sports Dentistry Newsletter is published tri-annually for its members. Comments and suggestions regarding the newsletter should be directed to Dr. Steve Mills, Editor.

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The Dental Traumatology to be E-Journal as of 2021

A new contract has been developed with Wiley Publishing, the publisher of the journal Dental Traumatology, and the Academy for Sports Dentistry which will go into effect on January 1, 2021. The journal will continue to be the official publication of the ASD along with the International Association of Dental Traumatology (IADT). The most significant feature of this agreement is that the members of the Academy for Sports Dentistry will receive the journal electronically. This will continue to be a benefit of membership included in each member's annual dues.

Members who prefer to have a print version in addition to the e-journal will have to pay an additional \$120 to

receive the six hard copies per year. Individual printed journals can be obtained as needed at a separate fee. The ASD newsletter will be included in the print edition of the Journal of Dental Traumatology six times per year. ASD will distribute the newsletter to members electronically six times per year.

A very great note of thank is to be paid to Emilio Canal as the main liaison to Wiley publishing for his hard work in getting this contract renewed. This agreement is set to last for three years. If there are specific questions about the journal arrangement, please contact Sandi Steil in the ASD office at info@academyforsportsdentistry.org.

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



Dr. Laubmeier



Steve Mills, DDS

Editor's **REPORT**

So much has happened, so much will change

Strange times, huh? Starting in mid-March for many of us our dental lives ground to a very slow version of what they used to be, and sports became non-existent. As of this writing (May 22, 2020) almost all states are “phasing in” and “reopening” which indicate that life may get back to a more comfortable level soon. But will it ever be the same again? In multiple “chat rooms” people are referring to days when we did not routinely glove and mask for each patient and how, somehow, we adjusted when that changed. We will just have to adjust again.

It is beyond obvious that the Covid-19 crisis has been the most pressing issue in the whole world for the last months. Dentistry and the sports world have been affected as much if not more than any segment of society. Our organization involves both of these worlds. Even to those of us who are perhaps a bit too committed to sports dentistry, this niche of dentistry must take a backseat to the much more important aspects of oral health as time goes on. But still, we must wonder what will happen.

This issue will try to highlight aspects of the world of sports and how the crisis has affected and will continue to affect them. In the United States sports can be categorized in many ways. One of the easiest and most common ways is to

group them participation by age. Youth athletes at ages younger than high school participate in community programs largely connected with national organizations. High school aged athletes tend to mostly be connected with school programs although national organizations continue to be important. After this, collegiate sports dominate as well as recreational activities, and then we move to elite level sports like professional and Olympic sports.

This issue will try to highlight different organizations and how they have tackled the issues that are confronting us. The National Federation of State High School Associations (NFHS.org) and the National Collegiate Athletic Association (NCAA.org) are perhaps the two largest groups. But the U.S. Olympic Committee has issued guidelines as have multiple independent organizations like USA Hockey.

Our most consistent and useful partners in our delivery of oral health treatment and prevention to athletes are athletic trainers. We work with these fine folks to screen athletes, to treat injuries and to deliver quality oral protection in a practical way. We have all been in athletic training facilities where multiple tables are set up, with many athletes getting treatment, resting or just hanging out with friends. Masks and gloves are always available, but most procedures don't demand their use. Athletes are often closely packed in and social distancing is difficult. How athletic trainers' function will change, and this might have a direct impact on other medical specialties like us going forward. The days of lining up team members to take impressions or scans and then delivering custom mouthguards is over. As one of my Athletic Trainer friends said: how they used to work “is the dinosaur and Covid-19 is the asteroid.”

The truth changes very quickly so much of this newsletter might be obsolete by the time it is published. But it is interesting to see how the sports world has and will change as we continue to ponder how our own dental lives will change. Stay tuned.

USA Hockey as a National Example of the Effect of Covid-19 on Sports

The main impact nationally of the Corona Virus and the Covid-19 Pandemic was felt in mid-March 2020. This coincided with what is usually the climax of the year for amateur ice hockey participants at all levels and across the country. Local and National Tournaments were scheduled, travel and accommodations across states and the country were planned and the athletes were all gearing up for the most important time of the ice hockey year.

Youth players in USA Hockey range from Under 8 to Under 18 for Boys and Under 19 for girls. It has an adult hockey section which governs everything from National Championships to Pond Hockey Tournaments. It is the site for both Men's and Women's National teams at several levels. USA Hockey is particularly unique in that it governs local organizations, but these groups often compete across many state lines. Athletes from one state may in fact compete with a team from another state. Long distance travel is very common, almost stereotypically to the families of ice hockey competitors.

The first discussions on the potential impact of the Corona Virus were beginning in mid-February but perhaps the first significant tournament to be cancelled was the IIHF Women's World Championship which was scheduled to begin on March 30th in Nova Scotia. It was canceled on March 7. (<http://touchpointmedia.uberflip.com/i/1241493-april-may-2020/17?m4=>). This then led to a cascade of cancellations across the USA and in fact across the globe.

John Coleman, a volunteer administrator for USA Hockey (and husband of past president and distinguished member of ASD, Leslie Rye) supplied the following list of significant cancellations:

- **March 11 late - USA Hockey cancelled the Disabled Hockey Festival**
- **March 12th - USA Hockey cancelled all National Championships**



- **March 13th IIHF Men's Under 18 Tournament cancelled**
- **March 20 - USA Hockey Zoom call to discuss the evolving situation. Districts were advised to cancel all summer player development tryouts and camps**
- **March 21st- IIHF Men's World Championship in Switzerland canceled**
- **April 9th - Additional zoom call of Directors to comply with Corporation Bylaws and cancel the in person Annual Congress in June. The Annual meeting will now be held by zoom calls over a 2-week period in June**
- **May 4th - National Level 5 Coaching Symposium for August cancelled**
- **May 4th - Return to the Rinks Guideline published in coordination with US Figure Skating, USA Hockey and USA Rinks.**
- **May 12th USA Hockey postpones Advanced Officiating Seminar scheduled for August 2020**
- **May 23rd - CDC publishes guidelines for youth sports**

As listed above, USA Hockey and USA Figure Skating has issued a "Returning to the Rinks" Guidelines for both figure skating and ice hockey activities. According to Mr. Coleman, as of this writing on May 23, 2020, "With respect to the 2020/21 season USA Hockey has advised the various Affiliates to follow the CDC and state guidelines and recommendations for getting players back on the ice".

The financial impact of the pandemic on youth sports and in this case youth hockey is significant. At each large tournament, reservations for accommodations and travel had to be achieved and refunds had to be made after cancellation. Ice hockey is not an

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inexpensive sport to be involved with and whether or not all participants continue to be involved remains to be seen. Will more players prefer to stay local and forego the travel that often accompanies ice hockey teams? Also, the pandemic has negatively affected independently owned ice arenas where many leagues are centered. Will these facilities remain open or will they be forced to close due to financial reasons? Will they have to upgrade their facilities to embrace social distancing? Youth and recreational hockey locker rooms tend to be a room with benches and hooks on the wall. Can this still be the norm in the future?

For sports dentists what happens from a dental perspective, I imagine, is not a priority agenda item to the administrators of USA Hockey. But the care and cleaning of hockey equipment like athletic

mouthguards will come under greater scrutiny. Youth hockey equipment is notorious for its lack of sterility and cleanliness. Dentists who have in the past run group mouthguard impression taking and fittings might have to greatly alter how these experiences are done. Impression taking is not aerosol producing but the use of PPE for this and the screening of athletes prior to a group exercises might make these experiences a thing of the past.

In conclusion, USA Hockey has had to deal with this unprecedented crisis which has affected thousands of participants across the country and the world. Many national and international events had to be cancelled. Money has been lost and may impact the sport in the future. With excellent leadership there is optimism that hockey activities will resume in the upcoming months. But it will be different.

How are sports agencies dealing with Covid-19 across the USA?

Many things have been missing in our lives as we struggle to find a comfortable conclusion to this crisis. To those of us that call ourselves sports dentists, the loss of sports and our teams has been especially noticeable. The effects of the disappearance of sport at the highest levels has been widely publicized and hopefully will find its way back into our lives in some form very soon.

Participation in sports at all levels is equally important to millions of people and it is interesting how each level has dealt with the termination of activities. One can divide these levels in many ways, but an easy classification can be youth and amateur organizations, school sports, collegiate sports and elite sports activities like Olympic Level competition.

Youth and recreational sports are usually run at the local level but often are overseen by membership in a national organization such as Little League International, the Amateur Athletic Union, US Youth Soccer, and USA Hockey. These organizations have been in a unique position in that while most of these activities are carried out in a local environment, their guidance has to take in the whole country as well as regional tournaments and national events.

In this section we will cover high school, collegiate and Olympic level sports programs as they transition back to competition. We will also give a section to how athletic trainers are coping with issues they face.

High School Sports and Performing Arts Activities

The National Federation of State High School Associations (NFHS) is the national leadership organization for high school sports and performing arts activities. The NFHS writes playing rules for 17 sports for boys and girls at the high school level. Through its 50-member state associations and the District of Columbia, the NFHS reaches more than 19,500 high schools and 12 million participants in high school activity programs, including more than 7.9 million in high school sports.

The Executive Director of the NFHS, Dr. Karissa Niehoff, in a cover article on their website (nfhs.org)

made the following statement about the cancellation of all spring sports and championships in all 51-state member associations; "What was at stake and who was affected by these cancellation announcements? More than 500 girls and boys spring sports championships in about 18 sports and involving about three million student-athletes. Along with multiple classes for both boys and girls in track and field, other sports affected this spring were baseball, softball, lacrosse, golf, tennis, soccer, flag football, boys volleyball, water polo, weightlifting, gymnastics, riflery, judo, Unified track and field and ultimate Frisbee. Also grounded were perhaps

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another million participants in band, choir, orchestra, speech, debate, robotics, and other activity programs.

And last, but far from least, we remember the thousands of volunteers who make these events happen every year – ticket-takers, concession stand workers, booster club parents, meet officials and the leaders in communities throughout the country where these events were planned. “

The NFHS views each state association as an individual entity and a state association’s decision to play or not

is based on each state’s respective guidelines and mandates with regards to COVID-19. There is no national policy at the high school level. The primary connection is that sports are intimately tied to schools being opened and functioning. As of this writing, all are hoping that schools are able to reopen in the fall of 2020 and with this, fall sports.

The financial hardships endured by professional and large collegiate sports are very obvious, but the burden of loss of income has also been critical to high schools. Sports events and especially championship tournaments are large money makers and these funds are essential for future sports developments. In addition, for athletes trying to further their athletic careers in either collegiate or professional arenas, their options may have been significantly affected as well.

On May 19, 2020, the NFHS released a new document to aid in the reopening process. The “Guidance for Opening Up High School Athletics and Activities” document can be accessed on the NFHS website at: https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15_2020-final.pdf

The National Collegiate Athletic Association

While not the only college regulatory body, the NCAA is by far the largest and most influential in the United States. As with the NFHS, collegiate sports are connected directly to whether a particular school is open or not. But the NCAA has a much more complex and controlling hand in college sports. Primarily the NCAA does in fact make rules for the entire country, and it has the ability to enforce these rules and to punish those who do not comply. Their rules are not guidance’s, but rather true mandates.

The collegiate sports world however is very complex. First, the athletes are students, many live in dormitories and relatively tight quarters. Many athletes are far from their homes that are often in different states. College sports are grouped and governed to a degree by the conference model and these conferences often cover a large geographic area covering multiple states. The financial aspect of sports is tremendous both from the aspect of the income to the school derived from its sports programs but also from the student athlete perspective of scholarships and the ability to finance an education.

As we look to the reopening of all things including

sport, the NCAA has issued a very useful statement called “Core Issues of Resocialization of Sport”. According to this statement “Collegiate sports differ from professional sports because all collegiate athletes are first and foremost students. Thus, resocialization of collegiate sport must be grounded in resocialization of college campuses. In all instances, college athletics must operate with approval of school leadership, and the school must be operating in accordance with local and state public officials regarding a return to campus, return to practice and return to competition. In the end, school and governmental leadership determine who can participate in, assist with, and watch student-athlete practices and competition.” (<http://www.ncaa.org/sport-science-institute/core-principles-resocialization-collegiate-sport>).

Collegiate sports, according to this document will involve a three-part phasing in much like the rest of society. Again, this transition will be unique to colleges and universities which tend to lead to congregation of individuals, travel and multiple shared spaces. Each phase will transition to the next only after certain key “gating criteria” are met indicating the downward trajectory of the Covid-19 occurrences.

The Impact on the United States Olympic Teams

We are all very aware of the cancellation of the 2020 Summer Olympic Games in Tokyo which has been rescheduled for 2021. This competition brings together the world's athletes like none other. The same could be said for the Covid-19 Pandemic but obviously in a much different way. Olympic Athletes range from the highly paid and famous to true amateurs who participate in their sport for the love of sports and competition with little hope of reward. This variety of participants and the variety of sports as well as the fact that these players are scattered across the globe, makes Olympic regulations uniquely challenging.

As with the other agencies, the Sports Medicine arm of the United States Olympic and Paralympic Committee (USOPC) has organized its own "Return to Training Considerations Post-COVID-19." (<https://www.teamusa.org/coronavirus>) along with a second document describing event planning. This 13 page document recognizes its own lack of ability to meet all needs and states that this is "a guideline meant to be used by sports as varied as archery and judo in locations as diverse as Minot and New York City by athletes

and organizations with vastly different resources, this document cannot be prescriptive; rather, it should spark thoughtful deliberation among athletes, coaches and staff, who will use this information to create their own unique return to training plan that is specific to their situation."

The USOPC does not train its own athletes. Rather these athletes are members of different sports organizations such as USA Boxing and USA Swimming, and these athletes must first turn to their own organizations for specific guidance. Athletes become true Olympic athletes only by qualifying for Team USA prior to an Olympic Games. But, the USOPC is the overlord, if you will, of these players and guidance must be consistent.

Their return to training document specifies five individual phases and acknowledges that many of these athletes are training as individuals and not members of team sports. It focuses greatly on the types of facilities and group experiences that all athletes might be connected to. It also focuses on an athletes use and care of their own personal equipment as well as personal hygiene.

Athletic Trainers and the Covid-19 Pandemic

As sports dentists, our most intimate, useful and receptive partners have been the athletic trainers who exist for the treatment of athletes but also for their well-being and protection. This crisis and the loss of sports has affected these folks tremendously at all of the levels listed above. The National Athletic Trainers Association web site is particularly telling in that it has on its entry home page under "Hot Topics" a category "Hire AT's for Covid-19". This is generous of the athletic training community as they have many of the medical skills needed during this pandemic, but it is also an indication that many athletic trainers might be searching for income during this time.

I reached out to a local Division III university which has an athletic training education program as well as having a significant clinical athletic training staff who connect directly with their athletes. One faculty member who is also vice president of the Maine Athletic Trainers Association stated that "we are working together to try to help with recommendations going forward. Our state license board has already expanded our license to allow telehealth services. We will also have representation on the board for the high school athletics and as they go forward with planning for the upcoming year,". The use of Telehealth and Teledentistry is one of the significant positives of this crisis. As far as educating undergraduate athletic trainers, "the use of PPE for our students is going to be essential, both when they are working to learn skills, in labs, etc., and when they get out to clinical sites and are working with patients. This will include lab coats, masks and gloves "Athletic trainers have been cognizant of these things in the past but not to this degree.

An athletic training room at the collegiate level is often

a crowded gathering place as well as a place to receive treatment. One of the clinical AT's stated that "We are exploring possible scenarios with various levels of social distancing in the AT facility". and that "We are planning for increased PPE usage and sterilization procedures, but again... I anticipate the use of masks and gloves to be required for all patient interactions." This has not always been the case but as dentists doesn't this remind you of a time when we were transitioning to routine use of mask and gloves?

Although not final, this was given by the senior athletic trainer as a possible scenario going forward: "As of now, there are 12 treatment table options. We will use every other one, for a total of six. We have 6 taping stations. Will utilize every other one. Will limit numbers in the AT room. No one beyond necessary staff and the up to nine clients using tables. Limiting time in the room to 20 minutes per client (we have many clients between 3 and 6 pm every weekday). Cleaning all items used after client use. Mask wear. Ventilation will be a problem. Temp checking before being allowed in is on the table." Given practice scheduling and student availability one can only imagine how difficult this could become.

Conclusion: This article was meant as an overview of how this pandemic has affected sports at many levels. As dentists we must work with these groups to continue to help our athletes stay protected and healthy. How we will continue to do these things other than one on one patient treatment in our offices will require imagination and adherence to newly developing protocols. It will be a challenge, but we have overcome challenges in the past.