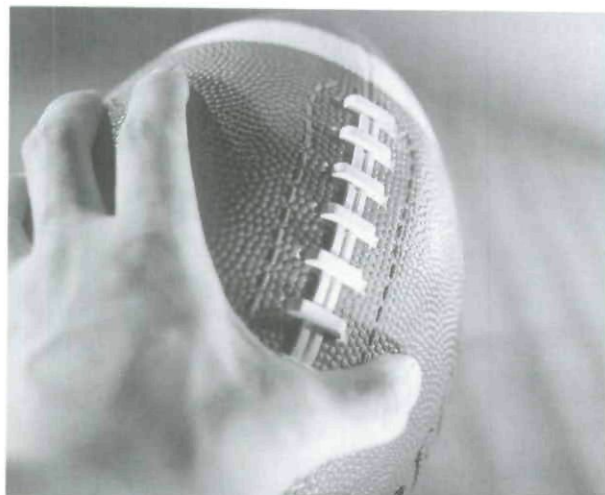




NEWSLETTER

VOL. 20, NO. 2



2004 Annual Symposium

*"New Directions
in Sports Dentistry"*

June 24-26, 2004
The Westin Hotel
Cincinnati, Ohio

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President's Message

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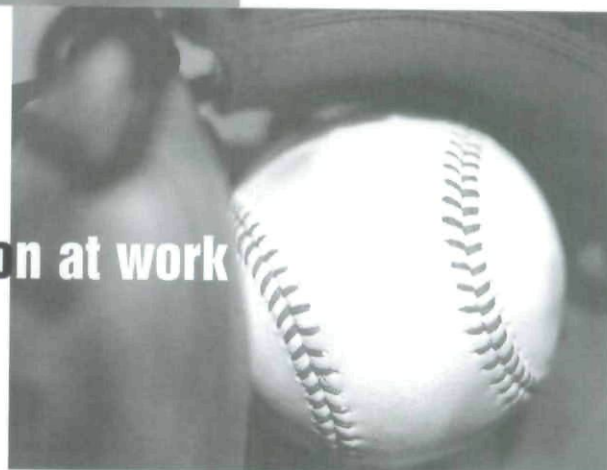
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NHL Team Dentist Association at work

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Abstracts

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Assessment**
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Dr. Enrique Amy

MEETING DATES

IASD 2004 SYMPOSIUM
June 24-26, 2004
Cincinnati, Ohio, USA

ADA ANNUAL MEETING
September 30-October 3, 2004
Orlando, FL



The International Academy for Sports Dentistry, its officers and Board, are not responsible for the opinions, views or statements made in any essay, discussion or in the proceedings which are presented in *The International Academy for Sports Dentistry Newsletter*.

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

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Next Stop - The Queen City!

Alex M. Della Bella, DMD

Here it is Spring already and I'm sure you've begun making your reservations for the 23rd annual IASD symposium in Cincinnati, Ohio!

This year's edition promises to be one of the best ever, filled with new information designed to keep all of us on the cutting edge of sports dentistry.

We will start on Friday morning, June 25, 2004 with an overview update on the ongoing trends in sports dentistry by Dr. David Kumamoto of the University of Illinois. Following Dave will be Dr. Alan Weinstein, a Cincinnati general dentist and well-known lecturer who will give a two-part, three-hour lecture on the conservative restoration of traumatically injured teeth. This program will be followed by something designed to help each of us personally: A Mind/Body Health Centered Approach to Dentistry and Life.

After lunch, Dr. John Greene, Dean Emeritus of the University of California San Francisco School of Dentistry and former United States Deputy Surgeon General, will speak on his 15-year effort in studying spit tobacco abuse in Major League Baseball. Dr. Steven Perlman of Boston University is next, updating us on his work with the Special Olympics Special Smiles Program and the collaborative efforts under way with IASD. Dr. Timothy Kremchek, Orthopedic Surgeon and Medical Director of the Cincinnati Reds, rounds out the day's lectures, discussing the dentist's role on the sports medicine team. Dr. Kremchek has assembled a sports medicine team for the Cincinnati Reds that has become a model for other professional teams in many sports.

A limited number of club seats remain for Friday evening's baseball game between the Cincinnati Reds and the Pittsburgh Pirates. Please plan to join us and bring your family. See first-hand Cincinnati's new jewel, the Great American Ballpark. I promise you will enjoy it. For further information, call or email our executive secretary, Shelly Lott, at (217) 227-3431 (iasdsportsdentistry@cillnet.com).



Saturday's agenda begins at 8am sharp with a lecture by Dr. David Kenny of Toronto's Hospital for Sick Children. He'll present the latest research on the predictability of replantation of avulsions. Dr. Walter Frontera, Secretary General of the International Federation of Sports Medicine (FIMS) follows with the introduction of a new project between FIMS and IASD. A review of basic suturing techniques is next, courtesy of this year's main sponsor, Ethicon Endo-surgery, whose world headquarters are in Cincinnati. Dr. James Steiner, Director of Pediatric Dentistry at the renowned Children's Hospital Medical Center of Cincinnati, rounds out an ambitious morning with a 90-minute lecture on pediatric dentoalveolar trauma.

Following lunch, Saturday's afternoon session consists of oral presentations, table clinics, break-out sessions, and a totally revamped mouthguard course called "*Mouthguard Fabrication - Live*" where Australia's Dr. Brett Dorney will demonstrate the proper technique for developing a superb mouthguard via a live video feed for all to witness.

On Thursday, before the symposium, IASD will present its 3rd annual Team Dentist Course, an ideal program if you are a new team dentist, interested in becoming a team dentist, or simply wish to brush up on the latest. Scattered throughout the three days will be our silent auction, two raffles, "A Taste of Cincinnati" reception on Thursday evening, and, as previously mentioned, the Reds game on Friday evening.

All in all, this year's symposium promises to be one filled with vital information for the sports dentist, new lecturers who are themselves on the cutting edge of their respective fields, and plenty of fun and excitement for you and your family! I look forward to greeting all of you on June 24-26, 2004 in Cincinnati! Use the registration form in this issue to reserve your space now.

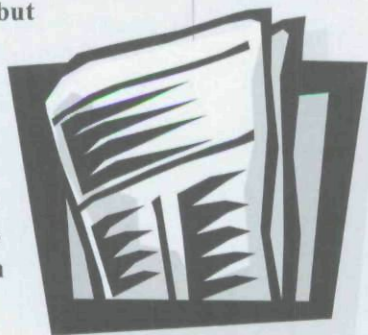
If I can be of any assistance in making your stay in Cincinnati a more enjoyable one, please feel free to contact me personally at (513) 793-1977 or email me at dellabella@wdbdentalhealth.com.

Warmest Regards,
Dr. Alex M. Della Bella
2003-2004 IASD President



It's Time for Some New Science!

I recently completed a Medline search for published papers on mouthguards and I was a bit dismayed by what I found. There was new research being published, but almost none of it was done in the United States. New sports dentistry research was coming from Japan, Australia, Nigeria, France and England. Sports dentistry had its beginnings in the United States and yet we are falling behind the world in research.



Mouthguards were mandated in high school football in 1962, and most of the mouthguards used at that time were type I or type II. Today, over forty years later, a vast majority of mouthguards used are still the same type I or type II guards. Not a lot of progress considering the advances of dentistry as a whole over the same time period. For years sports dentists have been trying to get more athletes to wear better mouthguards, yet, when we approach sports medicine and school personnel, we support our positions by quoting a couple of benchmark studies that are also almost forty years old. It's not that there is anything wrong with these studies, but it is time for some new science.

Technology can bring our research into the twenty-first century. Powerful computers allow for complex virtual trauma simulation which will help us understand the mechanism and therefore the prevention of athletic dental trauma. Twenty years ago it was proposed that jaw position might affect the strength and performance of an athlete. Medical technology may help us study this phenomenon to see if there is basis for such claims. Imagine if we could tell athletes about mouthguards that protect their teeth and enhance athletic performance without the use of drugs.

Concussion is a buzz word in all levels of athletics. Sports dentistry professionals have suspected since the Judson Hickey JADA article titled "The Relation of Mouth Protectors to Cranial Pressure and Deformation," published in 1967 (74: 735-740) that mouthguards may reduce the incidence or severity of concussion in sports. In order to approach the medical community with this idea, we must first have much more science to support our contention.

It will take considerable time, effort and money to provide this science to the athletic and medical communities. Members of IASD must take the point in this endeavor alongside our dental colleagues around the world. We must be willing to lobby our local dental schools to become more involved in sports dentistry with their expertise in clinical and basic research. We also must be willing to support research on a more personal level with our own professional expertise to design and complete our own projects. Providing new science to the athletic community is a must. Then, and only then, will sports dentistry become a more valued contributor to sports medicine.

*To learn more about the
International Academy
for Sports Dentistry,
and for a
membership
application,
go to:
www.sportsdentistry-iasd.org*

Tackling Concussions in Sports

The safety of our players is an important priority for all of us in the National Football League (NFL). We have taken many steps in recent years to enhance player safety, including several rules changes aimed at reducing head injuries.

In the early 1990s, as we looked more deeply into the specific area of concussions, we realized that there were many more questions than answers. In 1994, I appointed an NFL committee on mild traumatic brain injury with experts from inside and outside our league. It consisted of NFL team doctors and trainers, plus a neurologist, neurosurgeon, neuropsychologist, biomechanical engineer, and epidemiologist.

One of the key recommendations of the committee was that the NFL should support independent scientific research to foster better understanding of the causes, diagnosis, treatment, and prevention of concussions. In response to this recommendation, the NFL and NFL Charities funded important research projects at leading universities in the United States and Canada.

We are pleased that the resulting research is already paying significant dividends. This research has confirmed the value of the safety-related rules changes that our clubs approved several years ago. The findings have been shared with the NFL Players Association and independent equipment testing groups and helmet manufacturers, one of which, Riddell, has designed a new helmet. The research has also contributed to advancing our understanding of the science of concussions, which is a concern for everyone involved in competitive sports and recreational activities.

...We salute our Mild Traumatic Brain Injury Committee for its leadership and the individuals involved in this project who put in so many hours of work. We are confident that this important new information will continue to advance the cause of improving the safety of professional and amateur athletes on all levels.

Paul Tagliabue
Commissioner, National Football League
New York, New York

(This letter originally appeared in the October 2003 issue of *Neurosurgery*. Reprinted with permission)

Editor's Response: The efforts to study concussions in the NFL are to be commended. Many athletes will benefit from this endeavor. However, I would recommend the addition of a sports dentist to the committee. This is important research and inclusion of all disciplines concerned is necessary.

News and Notes:

IASD Board Member A Continuing Education Leader

IASD board member Dr. Doug Lambert was recognized as a leader in continuing education by *Dentistry Today*. Dr. Lambert joins the likes of Dr. Peter Dawson, Dr. David Garber and Dr. Gordon Christensen in this group of dental educators involved in continuing education. The entire group was presented in the December 2003 issue of *Dentistry Today*. Dr. Lambert has been a regular contributor at IASD annual meetings and team dentist courses.

NHL Team Dentists Association at Work:

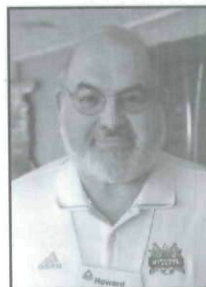
By Howard Salob, DDS

In July of 1994, a meeting was held in Quebec, Quebec, Canada at which a group of dentists from 14 NHL teams joined together to form the Academy of Professional Sports Team Dentistry. Subsequently, a meeting to approve a constitution and by-laws was held in Chicago, Illinois in October 1994. At the time of the Chicago meeting, the dentists of 19 NHL teams had committed to the Academy.

The objectives of the Academy were stated to be:

1. To achieve the best possible care for professional sports team players.
2. To further the education of all dental personnel of professional sports teams.
3. To further the education of medical and auxiliary personnel associated with professional sports teams.
4. To promote research in the areas of prevention and treatment of dental sports injuries.

The first annual meeting of the Academy was held in Banff, Alberta, Canada in July 1995. At that meeting, evaluation of the progress in the first year revealed a number of gratifying achievements. The network developed by personal contact between team dentists facilitated the treatment of injured NHL players and officials when traveling from city to city. This helped avoid loss of ice time for the players and officials concerned. Without this network, treatment would have been disjointed, haphazard and purely emergency care at best. A list of all current NHL team dentists was provided to all team trainers to alleviate worries with organizing dental care in the next road city.



Interchange of ideas between the dentists at the meetings held to date has crystallized the fact that similar problems exist in treating professional hockey players. The movement of players from team to team has created difficulties with ongoing dental care and resulted in the loss of ice time due to dental abscesses or oral injuries for which ongoing care was interrupted. The networking of the dentists helps to eliminate difficulties of this kind and insures that dental problems are dealt with immediately.

An injury report has been developed that tracks oral injuries, particularly related to soft tissue, tooth fracture or loss and loss of consciousness. Hopefully, light will be shed on the effectiveness of mouthguards in protecting the teeth and reducing the incidence of concussions.

There is a dedication within the group of NHL team dentists to continue educating themselves, both from the experience to be found within the membership and from experts in allied fields.

In 2003, the National Hockey League allowed the organization to rename itself the NHL Team Dentists Association. The member dentists have dedicated themselves to the goals outlined earlier and, if these goals are achieved, hockey players should have improved dental health, have fewer dental injuries and lose less ice time.

Dr. Howard Salob is the Secretary/Treasurer of the NHL Dentists Association, a charter member of the Academy of Professional Sports Team Dentistry and a charter member of the International Academy for Sports Dentistry.

The Influence of Working Cast Residual Moisture and Temperature on the Fit of Vacuum-Forming Athletic Mouthguards

Yonchata Y, Maeda Y, Machi H, Sakaguchi RL; *Journal of Prosthetic Dentistry* 89(1):23-7, 2003 Jan

Problem: The comfort and effectiveness of athletic mouthguards are believed to depend on their degree of fit to oral tissues. Vacuum-forming machines are simpler and less expensive than pressure-forming machines. However, it is thought that vacuum-formed mouthguards often do not exhibit adequate adaptation.

Purpose: The purpose of this study was to evaluate the effects of cast residual moisture and temperature on the fit of athletic mouthguards made with a vacuum-forming machine.

Materials and Methods: A metal master model simulating the cross section of the maxillary molar region was used to form 20 working plaster casts. The casts represented 4 (5 specimens each) conditions before the forming of the mouthguards specimens: storing in a wet environment at room temperature and storing in a dry environment at room temperature, 5 degrees C., and 40 degrees C. Mouthguard specimens were fabricated with ethylene vinyl acetate sheets (3.8 mm thick) with the use of a vacuum-forming machine. Test casts were created by pouring hand-mixed type III dental stone into each of the mouthguard specimens. The differences in the sagittal cross-sectional heights at the line angle

area of the test casts and the working casts were compared. This was achieved by superimposing their 3-dimensional images scanned by a laser scanner. The air permeability was also measured for the hand-mixed stone casts under wet and dry conditions, the vacuum-mixed stone cast, and the high-strength stone specimen. This was achieved by measuring the volume of transmitted air passing through the specimen in the testing tube. One-way analysis of variance with the Scheffe post hoc test ($P < .05$) was applied to determine the conditions of the working cast required to achieve the best fit.

Results: With regard to the fit of the mouthguard specimens to the working cast, those with dry and heated working casts showed a significantly better fit than those with wet working casts ($P < .05$). A significantly larger volume of transmitted air was found in the dry stone specimen ($P < .05$) followed by the dry high-strength stone cast and then the wet stone cast.

Conclusion: Within the limitations of this study, residual moisture in the working cast was the most critical factor in determining the fit of the mouthguards made by vacuum-forming machines. The best fit was achieved when the working cast was thoroughly dried and its surface temperature was elevated.

New Members

Bruce P. Bilow, DMD
Little Silver, NJ USA

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Monroe, LA USA

Lynn Reams, DMD
Taylorsville, KY USA

Susan Goode, DMD
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Jacques Slabber, DDS
Cape Town, South Africa

Jill Peterson, DDS, PhD, MPH
Arlington, TX USA

Surendra Rampersa, DDS
Penal, Trinidad & Tobago, West Indies

Effects of Aging on the Dimensional Stability of Custom-Made Mouthguards

Waked EJ, Lee TK, Caputo AA; *Quintessence International*, 33(9):700-5, 2002 Oct

Objective: The purpose of this investigation was to assess the effects of aging on the dimensional stability of vacuum-formed, pressure-formed, and pressure-laminated custom-made mouthguards.

Method and Materials: A master model representing the dental arch was fabricated in acrylic resin. Two ethylene vinyl acetate thermoplastic materials were tested: Essix (regular) and Proform (prelaminated). The model was benchmarked in five places along the curvature of the arch. The model was used to fabricate 10 specimens for each of the following groups: 1 = vacuum-formed (3-mm) Essix; 2 = vacuum-formed (4-mm) Proform; 3 = pressure-formed (3-mm) Essix; 4 = pressure-formed (4-mm) Proform; 5 = pressure-laminated (3-mm + 2-mm) Essix; 6 = pressure laminated (3-mm + 3-mm) Essix. Die stone was poured in the newly made specimens and measured. Aging of the specimens was simulated by reproducing cleaning cycles (48 hours soaking in

water at 60 degrees F and brushing 100 times with a soft denture brush in soapy water at 140 degrees F for 20 minutes). Die stone was poured in the aged specimens and measured. Initial and post aging measurements were compared.

Results: All specimens showed dimensional changes post-aging, mainly decreases. Pressure-laminated specimens showed the best dimensional stability.

Conclusion: Aging induced various dimensional changes in mouthguards, depending on the materials and processing techniques used. Most of the dimensional change for all mouthguards occurred at the central incisor region, the most important for the protection of the anterior teeth and the premaxilla. Pressure-laminated mouthguards specimens showed the smallest range of changes at the central incisor region, suggesting potentially improved fit, comfort, and protection.

Study on the Effects of Shortening the Distal End of a Mouthguard Using Modal Analysis

Yamanaka T, Ueno T, Oki M, Taniguchi H, Ohyama T; *Journal of Medical and Dental Sciences*, 49(4):129-33, 2002 Dec.

Abstract: Using a modal analysis system, we carried out a comparative assessment of the vibratory properties of the maxillary dentition of a human dry skull with a different distal end of a mouth guard. Mouthguards used in this study were: 1. a mouthguard covering up to the third molar (8MG), 2. the second molar (7MG), 3. the first molar (6 MG), and 4. the second premolar (5MG). To identify the modal shape, the frequency response functions were recorded on a fast Fourier transform analyzer from the force signal impacted with a vibration generator and the response signal picked up using a laser-doppler vibrometer. The transient response waves were obtained throughout the transient response simulation procedures after curve-fitting procedures. Mean decay rates (sec(-1)) of the transient response waves were calculated for the anteriors,

premolars and molars, and compared among different sets of experimental conditions. The decay rates became lower as the distal end of a mouthguard was short. The decay rates with 8MG, 7MG and 6MG (anteriors) exceeded the no mouthguard's decay rate +2S.D. values. These results imply that a mouthguard should distally cover up to the second molar at least to ensure efficient absorption and/or dispersion of a traumatic force.

International Academy for Sports Dentistry Symposium 2004 Program

THURSDAY • JUNE 24, 2004

7:30 am–5:30 pm

Third Annual Team Dentist Course

Evening: Reds Baseball Game
(Schedule Permitting)

FRIDAY • JUNE 25, 2004

7:00 am–8:00 am

Registration & Continental Breakfast

8:00 am–8:10 am

Welcome Remarks–

Dennis Ranalli, DDS, MDS,

General Chairman

8:10 am–9:00 am

"Global Trends in Sports
Related Orofacial Injuries",
David Kumamoto, DDS

9:00 am–10:30 am

"Conservative Restoration of
Traumatic Dental Injuries"
Alan R. Weinstein, DDS

10:30 am–10:45 am – Break

10:45 am–12:00 noon

"A Mind/Body Health Centered
Approach to Dentistry and Life"
Alan R. Weinstein, DDS

12:00 pm–1:15 pm

Recognition Luncheon

1:30 pm–2:30 pm

NSTEP–"Major League Baseball and Spit
Tobacco" – John Greene, DMD, MPH

2:30 pm–3:00 pm – Break, Exhibits

3:00 pm–4:00 pm

"IASD and Special Olympics Special
Smiles- A Collaborative Effort"
Steven Perlman, DDS, MScD

4:00 pm–5:00 pm

"The Dentists Role on the Sports
Medicine Team" – Tim Kremchek,
MD, Medical Director for the
Cincinnati Reds

5:00 pm – Raffle Drawing

(must be present to win)

6:00 pm–9:00 pm

"A Taste of Cincinnati"
Party & Silent Auction

SATURDAY • JUNE 26, 2004

7:00 am–8:00 am

Registration & Continental Breakfast

8:00 am–9:00 am

"The Replantation Decision:
Predictable Outcomes and
Lifelong Consequences"
David J. Kenny, BSc, DDS, PhD

9:00 am–9:30 am

"International Federation of Sports
Medicine and IASD–Working
Together for Common Goals"
Walter Frontera, MD, PhD,
Secy General, FIMS

9:30 am–9:45 am – Break

9:45 am–10:30 am

"Suturing Basics–A Review"
presented by Ethicon Endosurgery

10:30 am–12:00 noon

"Pediatric Dentoalveolar Trauma"
James Steiner, DDS

12:00 noon–1:00 pm

Lunch and Learn
"Mouthguard Fabrication"
Box lunches available

1:00 pm–2:15 pm

Mouthguard Fabrication Live–
Hands-on Demonstration
by Brett Dorney, BDS

2:15 pm–2:30 pm – Break

2:30 pm–4:15 pm

Break out sessions
Oral Presentations, Table Clinics, and
Exhibits OR Mouthguard Fabrication
"State of the Art" Afternoon–
Brett Dorney, BDS–Chairman

Break-out rotation sessions
(various manufacturers);
Hands-On-Course

THERE IS NO SEPARATE FEE FOR
THIS PORTION OF THE PROGRAM.

**BRING A STONE CAST OF YOUR
MOUTH TO PARTICIPATE.**

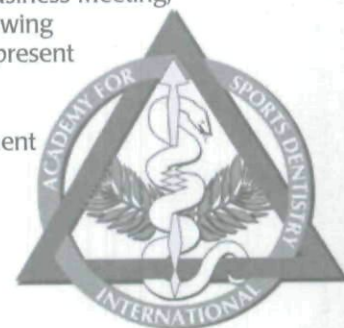
DR.DORNEY AND OTHER MEMBERS
OF THE ACADEMY WILL BE AVAIL-
ABLE TO ASSIST AND ANSWER ANY
MOUTHGUARD QUESTIONS.

4:15 pm–5:00 pm

Closing Remarks,
Annual Business Meeting,
Raffle Drawing
(must be present
to win)

5:00 pm

Adjournment



Presenters

Brett Dorney, BDS, FRACDS, FIASD, graduated in 1971 from Sydney University and completed postgraduate work in 1985 at the Royal Australian College of Dental Surgeons and practices in Pymble, Australia. He has been published in several journals; the most recent in the *Journal of Science and Medicine in Sports* with an article entitled "Dental Injury Patterns in Football." He lectures worldwide and has presented to our own Academy many times. He was deputy director of dental services for the Sydney Olympic and Paralympic Games in 2000. He is currently doing research on Dental Injury Patterns in the Community – A Six Year Ongoing Investigation and continues to do research on mouthguard design. He is on the board of directors of the International Academy for Sports Dentistry as well as a Fellow of IASD. In addition Dr. Dorney is a fellow of the Royal Australian College of Dental Surgeons.

Walter R. Frontera, MD, PhD, a native of Puerto Rico, is a specialist in physical medicine and rehabilitation with a doctoral degree in exercise physiology. He is an internationally known expert in sports medicine and is recognized for his research on the benefits of exercise training in the elderly and the rehabilita-

tion of sports injuries. He is the President of the PanAmerican Confederation of Sports Medicine (COPAMEDE) and the Secretary General of the International Federation of Sports Medicine (FIMS). Dr. Frontera is the Earle P. and Ida S. Charlton Associate Professor and Chairman of the Department of Physical Medicine and Rehabilitation at Harvard Medical School/Spaulding Rehabilitation Hospital in Boston, MA. He has lectured in 38 countries in various topics related to his specialty and has authored or co-authored a total of 124 publications including 7 books.

John C. Greene, DMD, MPH, Professor and Dean Emeritus at the University of California San Francisco School of Dentistry, Dr. John Greene is one of the nation's leading authorities on the oral and systemic health effects of using spit tobacco. He has published numerous scientific articles on the subject. Former Deputy Surgeon General of the United States, Dr. Greene's career in the U.S. Public Health Service spanned three decades before joining the University of California. He has been studying the use of spit tobacco among professional baseball players for nearly 15 years.

David J. Kenney, BSc, DDS, PhD, is a graduated cum laude from The University of Western Ontario and completed his specialty in Pediatric Dentistry and Ph.D. in neurophysiology at the University of Toronto. He is Director of Dental Research and Graduate Studies and Senior Associate Scientist, Research Institute at The Hospital for Sick Children and Professor of Dentistry, University of Toronto.

Timothy Kremchek, MD, is in his seventh season as the Reds medical director and chief orthopaedic surgeon. He will serve in that capacity through the 2004 season after signing a 5-year contract extension on Aug. 16, 2000. Dr. Kremchek is a native of Cincinnati and a 1986 graduate of the University of Cincinnati, College of Medicine. He completed his orthopaedic surgery residency at Tufts University in Boston, MA. In 1993, Dr. Kremchek began private practice in orthopaedic surgery and sports medicine following a 1-year orthopaedic sports medicine fellowship at the Alabama Sports Medicine Institute in Birmingham, AL, under the direction of Dr. James Andrews and Dr. Lawrence Lemak. He also serves as the medical director for the International Hockey League, medical director and team orthopaedic surgeon for the Cincinnati Cyclones professional hockey club, co-medical director of Xavier University's sports teams and was the medical director for the International Basketball League's Cincinnati Stuff. Dr. Kremchek serves as the director of sports medicine for the TriHealth system of Good Samaritan and Bethesda hospitals as well as the medical director for Cincinnati's U.S. Bank Arena. He is the orthopaedist for Cincinnati's Archbishop Moeller High School and Wittenberg University in Springfield, OH, and is a member of the U.S. Sports Evaluations Committee. His professional interests range from advanced arthroscopic repair of shoulder and knee injuries to total joint reconstructions and joint replacements. He has taken an active role in teaching orthopaedics and sports medicine, which has enabled him to be published in professional journals regarding orthopaedics and sports medicine.

David P. Kumamoto, DDS, is the team dentist for the athletic department at the University of Illinois-Chicago (UIC) and serves on the Athletic Advisory Board. He is also a clinical associate professor in UIC's Department of Restorative Dentistry, and lectures to senior dental students and the Kennedy-King Dental Hygiene class on mouthguard fabrication. Dr. Kumamoto is a member, Fellow, and a Past President of the Academy for Sports Dentistry, and belongs to the Chicago Sports Medicine Society, the International Federation of Sports Medicine, and the American College of Sports Medicine. He is also a member of the American Dental Association, the Illinois State Dental Society, the Chicago Dental Society, and is a Fellow in the Academy of General Dentistry, the American College of Dentists, and the International College of Dentists. Dr. Kumamoto has published articles and has lectured on sports dentistry at many conferences. He has compiled information regarding orofacial sports related injuries over the past 20 years and categorized research in this area by specific sport.

Steven Perlman, DDS, MScD, is an Associate Clinical Professor of Pediatric Dentistry at The Boston University Goldman School of Dental Medicine. For the past 26 years, he has devoted much of his private practice as well as his teaching, to the treatment of children and adults with disabilities. Dr. Perlman is a past president of both the Academy of Dentistry for Persons with Disabilities and The Massachusetts Academy of Pediatric Dentistry. In addition, he has served on the executive board of both organizations for many years. He is a Fellow of The Academy of Dentistry for Persons with Disabilities and a Fellow of The American College of Dentists. Dr. Perlman is the Head Start consultant for the City of Lynn, The Lynn Community Health Center, and several rehabilitation centers. He has published over 50 articles and was a recent contributor to the *Surgeon General's Report on Oral Health*. In 1993, Dr. Perlman founded Special Olympics Special Smiles, an Oral Health Initiative for Special Olympics International. He currently serves as their Global Clinical Director. Dr. Perlman is Vice President of the newly formed American Academy of Developmental Medicine and Dentistry.

James F. Steiner, DDS, is Director of the Division of Pediatric Dentistry at Children's Hospital Medical Center of Cincinnati. Dr. Steiner's interests include trauma to the teeth and bones that surround them, treatment of special needs patients, and infant dental care. His main interest, however, is education. He has contributed chapters to many textbooks, lectures nationally and internationally, and has served on the Board of Directors of the American Academy of Pediatric Dentistry and The American Board of Pediatric Dentistry College of Diplomates. He is also Executive Director of the Children's Dental Care Foundation, a Cincinnati group that raises funds to help needy children receive dental care. Dr. Steiner joined Cincinnati Children's Hospital Medical Center in 1969 after completing his undergraduate degree at the Ohio State University and his pediatric dental residency at Columbus Children's Hospital. He served two years active duty in the United States Air Force and spent a year's leave from Cincinnati Children's Hospital as a staff pediatric dentist at the Schulzahnklinik in Basel, Switzerland. Dr. Steiner has been honored by the Ohio Dental Association with its achievement Award in recognition of his contributions to organized dentistry.

Alan R. Weinstein, DDS, is a graduate of the University of North Carolina at Chapel Hill, School of Dentistry. He has faculty affiliation with the Cincinnati Children's Hospital Medical Center. Dr. Weinstein serves as a consultant to various manufacturers of dental materials, has been published, and has lectured internationally on enamel bonding, conservative restorative techniques, and integrative dental medicine. He has been a featured speaker at various state and local dental conferences. Dr. Weinstein is a member of the Academy of Operative Dentistry, International Association for Dental Research, the Association for Psychological Type, and is a Fellow in the International College of Dentists. He maintains a private practice in Cincinnati, Ohio, which emphasizes conservative aesthetic and preventive restorative dentistry.

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