Position Statement on the Use of Mouthguards in Lacrosse  
(Adopted January 2010)

US Lacrosse Sports Science and Safety Committee recommend the following actions:

1. Mouthguards should meet properly fitted guidelines set by the Academy for Sports Dentistry, www.academyforsportsdentistry.org

2. Highly recommend properly fitted mouthguard use in all lacrosse practices and games at all levels of play.

3. Reinforce that all lacrosse players at all levels wear a mouthguard during all practices and games.

4. Educate coaches, who have the most influence on their players, to reinforce the use of properly fitted mouthguards at all times.

5. Educate athletes and parents about the value of properly fitted mouthguards and the proper use of this effective safety equipment.

6. Require officials to regularly check for mouthguard use and/or alteration. Institute mouthguard spot checks throughout games, like stick checks, to ensure they are being used throughout the game. Recommend bright colored mouthguards so that officials can more easily monitor use.

I. Background

Sports Medicine Societies along with the American Dental Association, (ADA), and the Academy for Sports Dentistry uniformly recommended the use of properly fitted mouthguards for those participating in contact and collision sports for the protection of teeth and the oral facial area. It is estimated that 30 million children in the United States participate in organized sports program. (1) Sporting activities have an associated risk of orofacial injuries due to collision, contact with hard surface and contact from sports related equipment. Sports accidents account for 10-39% of all dental injuries in children. An athlete has a 6 times greater chance of having a dento-facial injury when not wearing a properly fitted mouthguard.

The National Youth Sports Safety Foundation in 2005 estimated the cost to treat an avulsed permanent tooth and provide follow up care is between $5,000 and $20,000 over a lifetime.(2)
II. Types of mouthguards

A properly fitted mouthguard has been shown consistently not to impede communication and breathing. Studies show airway and oxygen intake are improved with properly fitted mouthguard use. (3) The box below shows the types of mouthguards available and the relative advantages and disadvantages of each.

<table>
<thead>
<tr>
<th>TYPE OF MOUTHGUARD</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
<th>Price Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custom Made</td>
<td>Most protection Most comfortable Improved airway</td>
<td>Cost the most Two trips to dentist needed</td>
<td>$50-$250</td>
</tr>
<tr>
<td>Boil and Bite</td>
<td>Accessible Inexpensive Removable strap</td>
<td>Deteriorate over time Pressure on cheeks and gums If not fitted well Airway obstruction</td>
<td>$10-$30</td>
</tr>
<tr>
<td>Stock</td>
<td>Cheap</td>
<td>Doesn't fit as well Poor compliance Airway obstruction</td>
<td>$5-$7</td>
</tr>
</tbody>
</table>

There are two problems that exist with reference to mouthguard use; one is the tendency to alter the mouthguard for actual participation. Many youngsters do this for comfort and communication if they do not have a properly fitted mouthguard. The other problem is failure of referees to enforce the rules in sports where such devices are mandated.

Properly educated about the risk and benefits surrounding mouthguard usage, every parent should require their children and every athlete should want to consistently wear a perfectly fitted mouthguard during participation. To avoid injury, pain, disfigurement and great cost dealing with damaged teeth and/or an injured mouth. Coaches too should want to avoid these injuries to minimize lost participation time of athletes. Most researchers feel that the rate of dental and mouth injuries is much higher than the reported incidence.

(3) Ayse Dilgin Kececr. Do custom-made mouthguards have a negative effect on aerobic performance capacity of athletes, Dental Traumatology Volume 21 Issue 5 276-280