



Dr. Jeffrey S. Wascher • Dr. Eric G. Jackson

## Dental Mouthguards: Part 1

By Eric G. Jackson, DD, MAGD, FICOI, FICD, FADI

Your teeth are a lifelong investment. Multiple times per day you brush and floss to help them perform at the highest possible level. By practicing good dental hygiene you protect your oral investment over the long term. In the dental world however, much like in the investment world, long term success requires a different technique than the short term. So what measures can you take to address the short term? Trauma is undoubtedly the leading cause of catastrophic short term dental issues, so

***“Studies show that athletes are 60 times more likely to suffer harm to the teeth if they’re not wearing a mouthguards”***

***-Eric Jackson, DDS, MAGD***

mitigating this risk is a good place to focus protection. No one can predict when they might

suffer dental trauma as countless different situations can cause injury to teeth and gums. While trauma cases are not an everyday occurrence, they do unfortunately happen fairly regularly. In the last year alone, I’ve helped fix patients’ teeth that have tripped and fallen into doors, been hit in the face by a ball at a Cubs game, passed out and fractured teeth lifting weights at the gym, fallen off their scooter, and even chipped their teeth kissing their significant other! Obviously no one can prepare for these types of trauma since the activities they were performing were not terribly injury prone. But what would you do if you knew injury was a possibility when performing an activity. Wouldn’t you take steps to protect your dental investment and hopefully prevent additional dental issues and expenses?



Participation in athletics is a common situation that increases the possibility for head and neck trauma. Such injuries frequently occur in sports across in all levels of athletics and many of them could be minimized or prevented by the use of a mouthguard. Studies show that “athletes are 60 times more likely to suffer harm to the teeth if they’re not wearing a mouthguard.”<sup>1</sup> Mouthguards help cushion a blow to the face, minimizing injuries to a person’s lips, teeth, tongue, jaw, face, and head as a whole. They help you avoid chipped or broken teeth, nerve damage to a tooth, or even tooth loss. While collision/contact sports such as boxing/MMA, football, soccer, ice hockey, basketball, lacrosse, and field hockey pose the high-

*(Continue on Page 6)*

Reminder:

Tooth  
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Reserve your time Today!

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The Tooth Fairy is coming to our office to meet the children of our community and help teach good oral health habits. **FREE** event to everyone. Make your reservation today, only a few slots still open.

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It is a boy



March 17, 2016

8lbs 13oz - 21"

Dr. Jackson and his wife Lauren welcomed their 3rd child into the world on March 17th! Daniel joins his big sisters, Sophia and Gabriella, and the entire family could not be happier!



Daniel with his sisters, Gabriella (Left) and Sophia

## Give Kids a Smile Day 2016

On February 5th our Dr. Eric Jackson once again volunteered with the DuPage County Health Department Smile Squad mobile dental clinic to celebrate national "Give Kids a Smile Day". This year they were warm & toasty inside the DuPage Children's Museum in Naperville, IL. Dr. Jackson and the Smile Squad provided free dental examinations for anyone interested. Such a fantastic time! Visit our Facebook and YouTube pages for pictures and video of the great event!

<https://www.facebook.com/oralhealthcareprofessionals/>

<https://www.youtube.com/user/EJacksonDDS>



Dr. Eric Jackson with Hygienist, Lori McNamara, @ Smile Squad Mobile Dental Clinic



## Chicago Dental Society Midwinter Meeting

The 151st Chicago Dental Society (CDS) Midwinter Meeting was held February 25-27, 2016 at McCormick Place West.

The Midwinter Meeting is a three day event hosted by the CDS each year. The Midwinter Meeting is an opportunity for dentists around the country to continue their education and experience with hands-on learning, lectures and participation courses.

Over 700 companies participate to introduce the latest information and technology to those in the dental field. Over 25,000 people attended the 2016 Midwinter Meeting, which included Dentists, Dental Students, Hygienists, Dental Assistants, Dental Office Personnel, Laboratory Technicians, Press and Guests.

The 152nd Chicago Dental Society Midwinter Meeting will be held again at McCormick Place West, Thursday—Saturday, February 23-25, 2017.



The lecture hall and early arriving attendants to the course with Dr. Jackson, Dr. Kumamoto and Dr. Lovelace.

## Dr. Jackson Teaches Fellow Dentists at the 2016 Chicago Midwinter Meeting

In February, Dr. Jackson was asked to help teach a hands-on course on dental mouthguard fabrication at the Chicago Dental Society Midwinter Meeting. Two other dentists also helped teach the course: Dr. David Kumamoto (a past president of the Academy for Sports Dentistry) and Dr. James Lovelace (the current president of the Academy for Sports Dentistry). Several dozen dentists from around the nation enrolled in the course to learn from the three doctors that afternoon. Attendees had a chance to fabricate multiple styles of sports mouthguards using a variety of mouthguard tools and machinery available on the market today. Dr. Jackson and the other two dentists were able to share their experiences and techniques with the group and offer individual 1-on-1 guidance. Great job Dr. Jackson!



Equipment used during Dr. Jackson's lecture.



2016 Midwinter Meeting Exhibit Floor

# COVERING ALL DENTAL SERVICES UNDER MEDICAL INSURANCE WOULD LOWER THE AMOUNT OF PEOPLE WITH BAD BREATH

By Tammie P. MacMullen, BSB, MHA

After working in the dental field for over twenty years and as Manager for ten of those years, a common misconception I come across often with dental insurance is people believe their dental insurance functions just like their medical insurance just on a smaller scale. Unfortunately, that is could not be further from the truth. Dental insurance coverage operates more like a supplemental insurance, to help cover some of the costs of dental expenses.

## The History of Dental Insurance Coverage

Dental insurance first appeared in California in the 1950s and spread across the rest of the United States in popularity during the 1960s. By the 1970s, almost all dental plans were offered by Delta Dental. Most of these plans had maximum yearly benefits of \$1000, typically covering preventive care at 100%, minor care (like fillings) at 80%, and major dental care (like crowns and bridges) at 50%. These dental insurance plans are known as Dental Preferred Provider Organization (DPPO) plans. DPPO Plans distinguish between In-Network (dental providers under contract with the dental insurance company) and Out-of-Network (dental providers are not contracted with the dental insurance companies). During the 1980s, Dental Health Maintenance Organizations (DHMO) were introduced to the public. DHMO plans require patients to elect a DHMO provider contracted with the dental insurance company in order to receive dental coverage benefits.

Since the 1950s, dental insurance benefits have only increased slightly. Yearly maximum benefits on average range from \$1000 to \$2,500, coverage for preventive care at 100% to 80%, minor care at 80% to 50%, and major dental care is still at 50%. In the past 50 years, dentistry has improve by leaps and bounds. Some of those areas include the introduction of dental implants for missing teeth, digital x-rays (reducing patients' exposure to radiation), white colored fillings and intraoral and 3D imagining just to name a few advances. With each advancement the medical and dental world are learning that a patient's oral health is a preview to the rest of the patient's overall health.

## If the Eyes are the Window to Your Soul, then the Mouth is the Window to Your Overall Health

The human body is composed of many biological systems that are heavily intertwined with one another, that irregularities in one part or process can have profound effects on multiple other areas (Friedewald, Kornman and Beck). Dentistry is a branch of medicine that studies, diagnoses, prevents and treats the diseases, disorders and conditions of the oral cavity. The information dentists gather from patients' oral health could save their lives when it comes to other areas of discipline in medicine.



The National Health and Nutrition Examination Survey (NHANES) found that gum disease is an important risk factor for diseases of the blood vessels and the arteries that supply the brain, especially strokes involving insufficient blood or oxygen to the brain (Doheny). Data from another study of more than 50,000 people found that those with fewer teeth and more gum disease had a higher risk of stroke (Doheny). Based on patients gum health, Dentists may suggest patients to see their Medical Doctors for additional testing for heart diseases, strokes and/or other concerns before the patient even knows there is a problem.

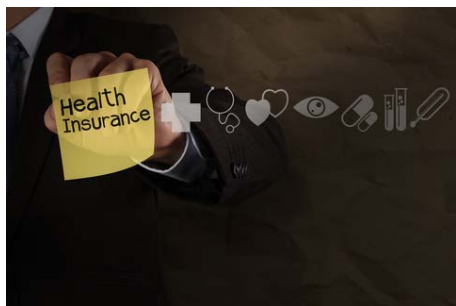
Sleep Apnea can harm your health and effect your daily life. Sleep Apnea left untreated often causes excessive daytime sleepiness or fatigue, as well as morning headaches and memory loss (American Academy of Dental Sleep Medicine). Untreated sleep apnea raises your risk for serious health problems such as high blood pressure, stroke, heart disease, diabetes and chronic acid reflux (American Academy of Dental Sleep Medicine). Dentists may ask patients questions about snoring and suggest the patient visit an Ear, Nose and Throat Specialist for a sleep study. Dentist can also make oral appliances for those sleep apnea patients that do not tolerate Continuous Positive Airway Pressure Devices (CPAP).

Human Papilloma Viruses (HPVs) are a group of more than 150 related viruses. HPV is the leading cause of oropharyngeal cancer.

*(Continue on Page 5)*

ryngeal cancers (The Oral Cancer Foundation). HPV16 is the version most responsible (The Oral Cancer Foundation). The fastest growing segment of the oral and oropharyngeal cancer population are otherwise healthy, non-smokers in the 25-50 age range (The Oral Cancer Foundation). Because oral cancers can move quickly, prevention is key to saving lives. Dentists perform oral cancer screenings and a small few offer HPV screenings.

## The Benefits of Dental Insurance Merging with Medical Insurance



The services that the dental field provides to patients has significantly increased in value since the 1950s. Dental insurance should no longer be a standalone supplemental insurance coverage. Dental coverage should be included under medical insurance.

The merging of dental coverage under medical insurance would have massive cost savings for both the patients and the insurance companies. Dentists see their patients at least twice a year, unlike General Medical Doctors that only see their patients once a year for a yearly physical. Dentists have more opportunities to interact and speak with patients. Dentists' ability to identify gum disease and suggest additional testing can help save the lives of patients that didn't

even know they may have other underlining medical conditions. Possibly preventing hearts attacks, strokes and causes for emergency lifesaving surgeries. Prevention saves lives and money.

As a Manager, I see many patients wait on procedures because insurance will not cover the cost of the filling or crown. In the meantime, the decay found on the tooth is allowed to linger and possibly spread causing the situation to become worse for the patient and their health. Patients then miss work and/or school due to toothaches costing them time and money. Dental coverage through medical insurance would allow patients more coverage for minor and major dental treatments saving patients out-of-pocket costs, time off from work and wages lost. Patients would only have to meet one deductible as opposed to meeting a medical and dental insurance deductible.

In addition, the Affordable Healthcare Act requires all Americans to have medical insurance coverage, if dental coverage was included under medical insurance, essentially all Americans would have dental coverage. With more dental coverage, more patients would seek out dental care and potentially save thousands in major dental work through preventative dental treatment, not forgetting to mention the added benefits of potential better overall health.

So in conclusion, when more people can afford dental care it could lower the amount of people with bad breath.

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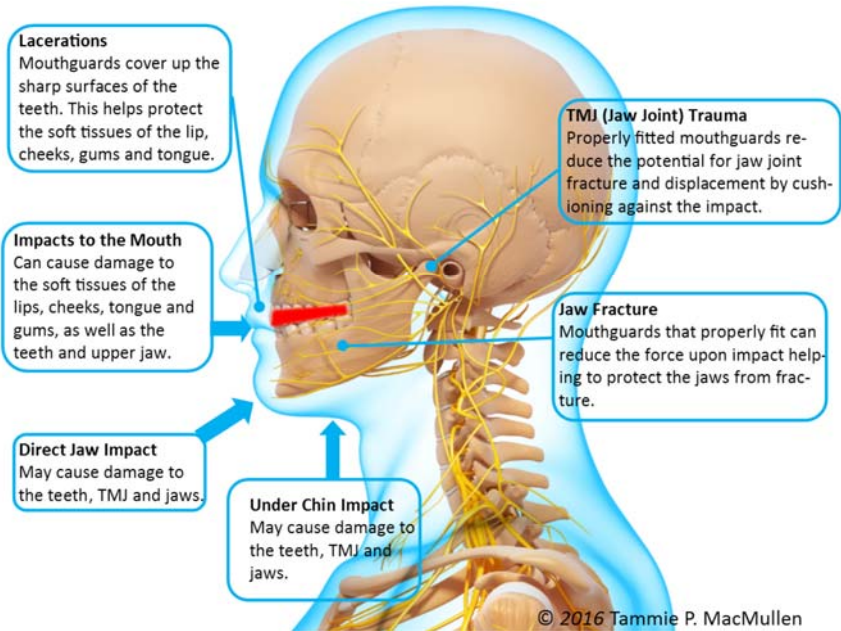
### News Bites with Laura

As summer approaches with outdoor sporting events, consider drinking less fruit & sports drinks which contain a lot of sugar & enjoy the crisp refreshing taste of water. Less cavities! Always a good thing!!!!



est risk for dental injury, there is also risk of injury in non-contact sports (gymnastics or skating) and even recreational activities (mountain biking, lifting weights at the gym). Unfortunately, many of these sports injuries occur in young children. According to the Centers for Disease Control, “more than half of the 7 million sports and recreation related injuries that occur each year are sustained by youth as young as 5 years-old.”<sup>2</sup>

### Mouthguards Help Protect Athletes’ Teeth



In a recent survey commissioned by the American Academy of Orthodontics (AAO), 67% of parents admitted that their children do not wear a mouthguard during organized sports.<sup>3</sup> The AAO Survey also found that 84% of children do not wear mouthguards while playing organized sports because they are not required to wear them, even though they may be required to wear other protective materials, such as helmets and shoulder pads.<sup>4</sup> The National Youth Sports Safety Foundation (NYSSF) says that athletes who do not wear mouthguards are 60 times more likely to sustain damage to their teeth.<sup>5</sup> This raises a question: if mouthguards offer a simple and relatively inexpensive solution to help dramatically decrease the risk of oral-facial injuries, why aren’t more kids wearing them?

Athletic mouthguards are not a new concept in either the sporting or the dental world. In 1964, Dr. John Stenger worked with the Notre Dame football team and

delivered one of the earliest landmark mouthguard studies. Players were observed during both practices and games over an entire football season and recorded when each suffered an injury. The study clearly demonstrated that impact forces to the jaw/face were diminished and thereby resulted in fewer injuries. Players that wore mouthguards had fewer injuries and missed less playing time than those who did not wear them.<sup>6</sup> In 1967, another landmark study was conducted by Dr. Judson C. Hickey and showed that mouthguards reduce pressure changes and bone deformation within the skull in a cadaver model. The study demonstrated a whopping 50% reduction in forces applied to the head when an individual is struck on the chin.<sup>7</sup> These early studies showed that a mouthguard could decrease the likelihood of trauma to not only the teeth/mouth but possibly even the brain injuries/ concussions. More on that in the next newsletter... :)

Certainly any of the three mouthguard options are better than not wearing one at all, but is there a big difference between them?

There are three primary types of mouthguards available to the public.

Type	Description	Pros	Cons
Custom-made	Custom made from a full-mouth impression taken in the dentist's office and sent to a dental lab for fabrication.	Provides the most protection and comfort. Covers all teeth and cushions the jaw. No interference with speech or breathing. Adjustable for all sports.	More expensive than commercially made mouth guards.
Mouth-formed or "Boil-and-Bite"	Boiled in water for a period of time and then formed to the teeth by applying pressure.	Cost effective Available from department and sporting goods stores. Provides better individual fit than stock mouth guards.	Tend to wear quickly and may need to be replaced during the sports season. Difficult to adapt to orthodontic appliances. Difficult to speak and breathe.
Stock or commercial mouth guards	Rubber or polyvinyl and sold in small, medium or large sizes.	Sold in major department and sporting goods stores. Inexpensive.	Cannot be modified to fit the individual's mouth. Least effective in terms of protection. Impairs breathing and stays in place only when mouth is closed.

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The answer is ABSOLUTELY and cannot be stressed enough! Custom mouthguards are vastly superior to the other two options. Logically, the more intimate the mouthguard material fits against the teeth, the more the incoming force can be dispersed. The same logic holds true with thickness of material.

A landmark study published in the May/June 2014 issue of General Dentistry, the peer-reviewed clinical journal of the Academy of General Dentistry (AGD), compared the performance of over-the-counter (OTC) mouthguards vs. custom mouthguards. That study revealed that high school football players wearing store-bought, over-the-counter (OTC) mouthguards were more than twice as likely to suffer mild traumatic brain injuries (MTBI)/concussions than those wearing custom-made, properly fitted mouthguards.<sup>9</sup> Mouthguard thickness also has been shown to be a factor that contributes to the level of protection. The average thickness of the custom-made mouthguards in this study was 3.50 millimeters, while the average thickness of the OTC mouthguards was only 1.65 millimeters.<sup>10</sup> Custom-made mouthguards also can last longer than store-bought models and may be less prone to damage by the athletes, said AGD Spokesperson Eugene Antenucci, DDS, FAGD. "Over-the-counter mouthguards are not fitted to the athlete's mouth, making them less comfortable than custom guards made by a dentist," said Dr. Antenucci. "When a mouthguard is not comfortable, the athlete is likely to chew it, reducing its thickness and resulting in less protection."<sup>11</sup> "Although more research on this topic is needed, our study shows the value of a custom-made mouthguard," said lead author Jackson Winters, DDS, a pediatric dentist who also served as a high school and collegiate football official for 28 years. "The benefits of protecting your child far outweigh the costs associated with a dental or medical injury, which is likelier to occur with a store-bought model."<sup>12</sup>

Here are just a few of the benefits to a custom-made mouthguard made to fit your teeth and only your teeth:

- The fit is precise, with very little distortion, and also covers teeth at the back of your mouth
- Custom mouthguards have the greatest durability and allow you to sustain the hardest impacts with lower risk of damage, and they'll be the most comfortable for you
- Your mouthguard will fit snugly, protecting your teeth, gum tissue and supporting bone, and won't fall out
- Your dentist can ensure that your mouthguard is the correct thickness, unlike "boil-and-bite" products off the shelf
- There is almost no interference with speech or breathing<sup>13</sup>

If a custom mouthguard is not an option for you or your child, the Boil & Bite style is the second best of the three styles because they are loosely molded in the mouth, but still fall far short of the custom. Think about the drawbacks of off-the-shelf mouthguards before finalizing your decision:

- The fit is not exact and not as comfortable
- The material used is normally thinner than the 3-4mm recommended to provide the best protection
- Off-the-shelf products offer minimal protection for the gums and supporting bone
- They often fall out if you open your mouth and keeping your mouth closed makes it more difficult to breathe or speak
- Non-custom products are typically less durable<sup>14</sup>

**\*\*To be continued in the next newsletter where we'll delve further into concussions and specific mouthguards available to my patients.\*\*\*** If you would like to speak about mouthguards, or any other sports dentistry topic, please feel free to call the office and schedule a complimentary appointment with me. Email and Twitter are also available options. I am extremely passionate about modern dentistry and love discussing it with patients, so don't hesitate to contact me.

Sincerely,  
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@EJacksonDDS

1 <http://www.mouthhealthy.org/en/az-topics/m/mouthguards>

2 [http://www.aapd.org/play\\_it\\_safe\\_prevent\\_childhood\\_injuries\\_on\\_the\\_field\\_with\\_simple\\_sports\\_safety\\_precautions/](http://www.aapd.org/play_it_safe_prevent_childhood_injuries_on_the_field_with_simple_sports_safety_precautions/)

3 <http://www.ada.org/en/press-room/news-releases/2013-archive/april/play-it-safe-prevent-facial-injuries-with-simple-s>

4 [http://www.aapd.org/play\\_it\\_safe\\_prevent\\_childhood\\_injuries\\_on\\_the\\_field\\_with\\_simple\\_sports\\_safety\\_precautions/](http://www.aapd.org/play_it_safe_prevent_childhood_injuries_on_the_field_with_simple_sports_safety_precautions/)

5 [http://www.aapd.org/play\\_it\\_safe\\_prevent\\_childhood\\_injuries\\_on\\_the\\_field\\_with\\_simple\\_sports\\_safety\\_precautions/](http://www.aapd.org/play_it_safe_prevent_childhood_injuries_on_the_field_with_simple_sports_safety_precautions/)

6 Stenger, J. et al. (1964). Mouthguards: protection against shock to the head, neck and teeth. Journal of the American Dental Association, 69, 273-281.

7 <http://www.sportsdentistry.com/concussion.html>

8 <http://www.multibriefs.com/briefs/asd/choosing.pdf>

9 <http://www.agd.org/media/190461/mouthguards.pdf>

10 <http://www.agd.org/media/190461/mouthguards.pdf>

11 <http://www.agd.org/media/190461/mouthguards.pdf>

12 <http://www.agd.org/media/190461/mouthguards.pdf>

13 <http://www.academyforsportsdentistry.org/assets/docs/mouthguard%20flyer%20text%20only%20with%20logo%20athlete%20resources.pdf>

14 <http://www.academyforsportsdentistry.org/assets/docs/mouthguard%20flyer%20text%20only%20with%20logo%20athlete%20resources.pdf>

## Spring Word Find

F S A B S T I C M A R C H S S  
T H S P U D X I S J D A J P P  
X O I N R D B N U Z S M R N A  
S W Z N O I E C W U O I X C S  
E E D O J I L O N T N L O F S  
I R F S C B L D H G V W N L O  
G S Y A D S R E H T A F I R V  
R A L E B H R M D J Z D U A E  
E I R S U S Y A M N O D Q I R  
L R Y B D Y Y Y B F A D E N K  
L J E A O L S O F R A D K F M  
A O Y T I R E A R T H D A Y V  
A A J G S T D L L A B E S A B  
R E H R J A H A F L O W E R S  
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SEASON  
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DAFFODILS  
EARTHDAY  
FATHERSDAY  
MARCH  
PASSOVER  
SHOWERS  
TULIPS

## DR. JACKSON TO SERVE AS TEAM DENTIST FOR CHICAGO BANDITS FOR FOURTH CONSECUTIVE YEAR!

Chicago Bandits Home Game



We are pleased to announce that our Dr. Eric Jackson has agreed to serve as the official team dentist for the Chicago Bandits professional softball team. The 2016 season will mark Dr. Jackson's fourth year at this position and he couldn't be more thrilled! The Bandits' home opener will take place Thursday June 2nd at 7:05pm at their beautiful Ballpark in Rosemont. That night the Bandits will face the Scrap Yard Dawgs of Woodlands Texas and the **first 300 fans will receive a FREE T-SHIRT courtesy of the Bandits & Dr. Jackson!**

There will also be a full team autograph session after the game! Come on out and experience a fantastic, family friendly game of world class women's fastpitch softball! Many of the players are former Olympians and Olympic hopefuls (if the IOC reinstates women's fastpitch softball to the Olympics... fingers crossed!!) To view a game schedule or to purchase tickets, visit the team's website: [www.chicagobandits.com](http://www.chicagobandits.com) or call (877) 722-6348. Go Bandits!!