Background

Participants of all ages, genders and skill levels are at risk of sustaining oral injuries in sports at both recreational and competitive levels.\(^1\)\(^-\)\(^3\) Traumatic oral injuries also occur in noncontact activities and exercises.\(^1\)\(^-\)\(^3\) Studies have consistently shown that custom-made mouthguards with adequate labial and occlusal thickness offer significant protection against intraoral injuries by providing a resilient, protective surface to distribute and dissipate impact forces. There is, however, insufficient evidence to confirm that mouthguards prevent concussion injuries.

In a meta-analysis,\(^2\) the overall injury risk during athletic activity was found to be 1.6-1.9 times greater for mouthguard non-wearers compared to mouthguard wearers. A study\(^4\) of collegiate basketball teams found that athletes who wore custom-made mouthguards sustained significantly fewer oral than those who did not.

Evidence suggests\(^1\) that custom-made mouthguards provide the best level of protection and wearer comfort, that mouth-formed (‘boil-and-bite’) mouthguards are less adequate, and that stock mouthguards provide the lowest level of protection and wearer comfort.

Statement

The FDI World Dental Federation recommends:

- that national dental associations promote to the public and to oral health care professionals the benefits of sports mouthguards, including the prevention of orofacial injuries;
- that appropriate oral health care professionals determine if their patients participate in any sports, or any activities which carry a risk of oral injury;
- that people of all ages use a mouthguard while participating in any such sports or activities; and
- that patients are educated about the benefits of mouthguards in preventing orofacial injuries, including appropriate guidance on mouthguard types, their protective properties, costs and maintenance requirements.

References

Links