

National Sports Injury Data Strategy feedback

Do you agree with the proposed approach to building a data collection?

- Yes
- Maybe
- No

Is there any data or activities that you feel is missing from the data development plan?

There is no mention of dental injuries or mouthguard use in the draft consultation report. This is a missed opportunity to include data on injuries that can cause life-long treatment and significant cost. Dental injuries include soft tissues injuries of the lips and mouth, hard tissue injuries including but not limited to tooth fractures or complete loss of teeth from the mouth (avulsion) as well as jaw fractures. Not only should injury data be collected, but also whether the individual was wearing a mouthguard at the time of the incident, including the mouthguard type. A link between dental injuries and mouthguards use and type would be beneficial for the development of mandatory mouthguard policies, which are not even implemented for relevant professional athletes.

At present, the Australian Dental Association collects data from parents through an annual national survey. In 2021, 32% of children have suffered damage to their teeth as a result of playing sport, or from a fall, bump, or other incident. A quarter of these injuries were due to sport. Yet 69% of children continue to wear 'store-bought' mouthguards when playing contact sport which provide less protection than their custom-made counterparts. The limitation of these statistics is that they are based on parents recall, but they do demonstrate the prevalence of dental injuries and the need for the NSIDA to incorporate this data.

What do you feel are the key enablers or barriers to implementation of the data strategy?

In Australia, the majority of dentists practice in the private sector. Over 85% of dental care is provided in private dental clinics. Should Australians with sport-related dental injuries present to a private dental practice for treatment, this may act as a data collection barrier. In addition, should sport-related dental injuries present to a hospital environment where they are seen by non-dental health professionals, this could potentially lead to inaccurate reporting. It is important that emergency physicians are knowledgeable on types of dental injuries, for both reporting and treatment.

What suggestions do you have for improving the draft strategy?

Stakeholders in sports injury prevention interventions, such as the Australian Dental Association, should continue to be consulted to volunteer their insights.

What other issues do you feel should be addressed?

A 2018 systematic review ¹ determined that mouthguards are very effective in preventing dental and facial injuries in sport, and that there was no impact on athletic performance. The draft consultation report states that 32% of all sports injury hospitalisations in 2016-17 were related to football, and 25% of all football injury hospitalisations involved the head and neck. There is a real risk of avoidable damage to the teeth, jaws and face, even with non-contact sports. Such injuries can impact significantly upon appearance, eating and drinking, and speech. If not attended to quickly enough, they can result in tooth loss or severe injury, resulting in lost productivity, pain and suffering, and a loss of self-esteem. The Australian Dental Association recommends the use of mouthguards for contact and non-contact sports. Mouthguards that are custom-fitted by a dental professional are a cost-effective and proven way of minimising damage to the teeth and face. Mouthguards dissipate forces to the upper and lower jaws, jaw joints and skull, and help to stabilise the skull also.

¹ Ferreira, G.B., Guimarães, L.S., Fernandes, C.P., Dias, R.B., Coto, N.P., Antunes, L.A.A. and Antunes, L.S. (2019), Is there enough evidence that mouthguards do not affect athletic performance? A systematic literature review. *Int Dent J*, 69: 25-34. <https://doi.org/10.1111/idj.12406>