Britain, all St. Helens Rugby League players are provided with mouthguards free of charge. Also the use of mouthguards is not compulsory in the rules of either Rugby League or Rugby Union. However, under the new freedom of contract for players in Great Britain some clubs are enforcing the use of mouthguards otherwise holding the player responsible for fees incurred as a result of dental injuries.

All members of both teams believed that mouthguards provide significant protection for the player, a finding which is compatible with the usage rate of the Australian Team but not with that of the British Team. 92.8% of the Australian Team currently wore a mouthguard, the two non-wearers having each lost their mouthguard over the two years previously but neither had yet obtained a replacement. By contrast only 25% of the British Team wore mouthguards (Chapman, 1985a). Also, on average, the mouthguard wearers in the Australian Team commenced wearing mouthguards 3.5 years sooner after starting regular participation in the sport, compared with the British mouthguard wearers (Chapman, 1985a). Additionally, 69.2% of mouthguard wearers in the Australian Team felt mouthguards should be made compulsory equipment for the game above a certain level compared with only 28.6% in the British Team (Chapman, 1985a). Also, only 7.7% of the mouthguard wearers in the Australian Team were prepared to play a game without their mouthguard, compared with 42.9% of the British Team (Chapman, 1985a).

In the Australian Team 35.7% had previously sustained an orofacial injury which required treatment, compared with 60.7% in the British Team, a ratio of 1:1.7 respectively (Chapman, 1985a). Of the injured Australian Team members 20% were wearing a mouthguard at the time of the injury compared with 5.9% of the injured British Team members (Chapman, 1985a). The attitudinal differences between the two teams is further shown by the fact that 87.5% of the injured Australian Team members who were not wearing a mouthguard then commenced wearing a mouthguard, compared with only 25% of the injured British Team members (Chapman, 1985a).

The protective function of mouthguards can be gauged if the injured in both teams are combined in a single group. This shows that 89.9% of those who had sustained an orofacial injury were not wearing a mouthguard at the time.

CONCLUSION

Results of an orofacial injury study of the 1986 Australian Rugby League Touring Team has been presented. The important differences to the results of a similar study of the 1984 Great Britain Rugby League Touring Team have been discussed, the most vivid difference being in the percentage who wore mouthguards, 92.8% and 25%, for the Australian and British teams respectively. This would have attributed to an orofacial injury incidence rate in the British Team of almost double that of the Australian Team. The study reinforces the importance of mouthguards in contact sports in reducing the risk of orofacial injuries.

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References


BOOK REVIEW

Title: DIAGNOSTIC PICTURE TESTS IN ORTHOPAEDICS
Editors: L. Kessel and U. Boundy
Publishers: Wolfe Medical Publications Ltd. 1987
Price: £6.50 128 pages 191 figures Soft cover ISBN 0 7234 0900 5

This book is a form of not-so-trivial pursuits. Clinical photographs or X-rays are printed and you are requested to make a spot diagnosis. The photographs taken by the senior photographer at The Royal National Orthopaedic Hospital, Ms. Uta Boundy, are all very good. There are 191 conditions and the quiz is the sharp brain child of the late Professor Lipmann Kessel. A score of 185 or more correct is excellent, 160 or more good, 140 fair and below 100 — poor (but only if you are practising orthopaedics).

Basil Helal